Kinerja Program

Annual Report Year 5

Part A – Kinerja Annual Report
Part B – Kinerja Papua Expansion Annual Report
(October 2014 – September 2015)

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Part A – Kinerja Program
Part B – Kinerja Papua Expansion

Annual Report
For the period October 2014 – September 2015

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[1] RTI International is a trade name for Research Triangle Institute.

Kinerja Abbreviations/Terms

adat	Traditional/indigenous
AIDS	Acquired Immune Deficiency Syndrome
AJI	Alliance of Independent Journalists
ANC	Antenatal Care
AOR	Agreement Officer Representative
APBD	District Government Annual Budget (*Anggaran Pendapatan dan) Belanja Daerah*)
APEKSI	Indonesian Association of Municipal Governments (*Asosiasi Pemerintah Kota Seluruh Indonesia*)
AWP	Annual Work Plan
BAKD	Director General of Regional Financial Administration (*Direktorat Jenderal Bina Keuangan Daerah*)
BaKTI	Eastern Indonesia Knowledge Exchange or BaKTI Foundation (*Yayasan BaKTI*)
Bappeda	Local Government Agency for Regional Development Planning (*Badan Perencanaan Pembangunan Daerah*)
Bappenas	National Development Planning Agency (*Badan Perencanaan dan Pembangunan Nasional*)
BASIC	Better Approaches to Service Provision through Increased Capacity
BEE	Business-Enabling Environment
BHS	Basic Health Services
BITRA	Indonesia Foundation for Rural Development (*Bina Ketrampilan Pedesaan*)
BKD	District Personnel Board (*Badan Kepegawaian Daerah*)
BKPM	Investment Coordination Board (*Badan Koordinasi Penanaman Modal*)
BOK	Health Operational Grant (*Bantuan Operasional Kesehatan*)
BOS	School Operational Assistance (*Bantuan Operasional Sekolah*)
BOSP	Educational Unit Operational Cost Analysis (*Biaya Operasional Satuan Pendidikan)*
BPMD	Regional Investment Board (*Badan Penanaman Modal Daerah*)
BPPKB	District Family Planning and Women's Empowerment Body (*Badan Pemberdayaan Perempuan dan Keluarga Berencana*)
Bupati	District Head
CHS	Complaint-Handling Survey
COP	Chief of Party
CORDIAL	Center for Indonesian Human Resource Development
CS	Complaint Survey
CSI	Customer Satisfaction Index
CSO	Civil society organization
CSR	Corporate Social Responsibility
DCOP	Deputy Chief of Party
DEO	District Education Office
DG	Democratic Governance
DHO	District Health Office
Dinas Kesehatan	Health line agency
District	In this report the term "district" will be used to refer to both regencies (*kabupaten*) and municipalities (*kota*)

DPKAD	District Asset and Finance Management Office (*Dinas Pengeleloaan Keuangan dan Aset Daerah*)
DPRD	Local Legislative Council at either the provincial, district or municipal level (*Dewan Perwakilan Rakyat Daerah*)
DTT	District Technical Team
EDS	School Self-Evaluation (*Evaluasi Diri Sekolah*)
EGI	Economic Governance Index
EMIS	Education Management Information System
FGD	Focus Group Discussion
FIK-ORNOP	Nongovernmental Organization Information and Communication Forum in South Sulawesi (*Forum Informasi dan Komunikasi Organisasi Non-Pemerintah Sulawesi Selatan*)
FIPO	Fajar Institute for Pro-Autonomy
FY	Fiscal Year
GeRAK	Anti-Corruption Movement Aceh (*Gerakan Anti Korupsi*)
GJI	Governing Justly and Democratically
GOI	Government of Indonesia
HIV	Human Immunodeficiency Virus
HO	Nuisance Permit (*Hinder Ordonantie*)
HSS	Health System Strengthening
Humas	Public Relations (*Hubungan Masyarakat*)
I&EBF	Immediate and Exclusive Breastfeeding
ICLD	International Center for Local Democracy
IDR	Indonesian Rupiah
IKM	Customer Satisfaction Index (*Indeks Kepuasan Masyarakat*)
IMB	Building Permit (*Izin Mendirikan Bangunan*)
IMP	Integrated Micro-Planning
IO	Intermediary Organization
IPPM	Institute for Community Development and Empowerment (*Institut Pengembangan dan Pemberdayaan Masyarakat*)
IR	Intermediate Result
ISO	International Organization for Standardization
ITAT	Integrated Technical Assistance Team
JPIP	Jawa Pos Institute for Pro-Autonomy
JTV	Jawa Pos Television
JURnal Celebes	Journalist Network for Environmental Advocacy (*Perkumpulan Jurnalis Advokasi Lingkungan*)
Kabupaten	District
Kecamatan	Subdistrict
KemenPAN-RB	Ministry for State Administrative and Bureaucratic Reform (*Kementrian Pendayagunaan Aparatur Negara dan Reformasi Birokrasi*)
Kemitraan	Partnership for Governance Reform
KIA	Maternal and Child Health (*Kesehatan Ibu dan Anak*)
KIP	Public Access to Information (*Keterbukaan Informasi Publik*)
KM	Knowledge Management
Konsil LSM	Indonesian NGO Council
KOPEL	Legislative Monitoring Committee (*Komite Pemantau Legislatif*)
Kota	Municipality

KP3M	Service Standards in the Office for Business Licensing and Investment Services (*Kantor Pelayanan Perizinan dan Pelayanan Modal*)
KPPOD	Indonesia Regional Autonomy Watch (*Komite Pemantauan Pelaksanaan Otonomi Daerah*)
KUA	Subdistrict Religious Affairs Office (*Kantor Urusan Agama*)
LAN	State Administrative Bureau (*Lembaga Administrasi Negara*)
LBA	Local Budget Analysis
LBI	Local Budget Index
LBS	Local Budget Study
LDHE	Local District Health Expert
LEGS	Local Education Governance Specialist
LHGS	Local Health Governance Specialist
LPA	Child Protection Agency (*Lembaga Perlindungan Anak*)
LPKIPI	Indonesian Institute for Education Innovation Training and Consulting (*Lembaga Pelatihan dan Konsultan Inovasi Pendidikan Indonesia*)
LPKP	Institute for Community Research and Development (*Lembaga Pengkajian Kemasyarakatan dan Pembangunan*)
LPSS	Local Public Service Specialist
LSPPA	Women and Children's Development and Study Agency (*Lembaga Studi dan Pengembangan Perempuan dan Anak*)
M&E	Monitoring and Evaluation
Madanika	Building Peace and Justice (*Membangun Perdamaian dan Keadilan*)
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MIP	Malaria in Pregnancy
MOEC	Ministry of Education and Culture
MOF	Ministry of Finance
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MORA	Ministry of Religious Affairs
MOU	Memorandum of Understanding
MRP	Papuan People's Assembly (*Majelis Rakyat Papua*)
MSF	Multi-Stakeholder Forum
MSME	Micro, Small and Medium Enterprise
MSS	Minimum Service Standards
NGO	Non-governmental organization
NUPTK	Teacher Registration Number
OCA	Organizational Capacity Assessment
OSS	One-Stop Shop
OTSUS	Special Autonomy
PC	Provincial Coordinator
Pemekaran	Proliferation of districts
PEO	Provincial Education Office
Permendagri	Ministry of Home Affairs Regulation (*Peraturan Menteri Dalam Negeri*)
PHO	Provincial Health Office
PKBI	Indonesian Family Planning Association (*Perkumpulan Keluarga Berencana Indonesia*)
PKMK	Center for Health Policy and Management (*Pusat Kebijakan dan Manajemen Kesehatan*)

PKPA	Center for Child Protection and Research (*Pusat Kajian dan Perlindungan Anak*)
PKPM	Center for Community and Education Research (*Pusat Kajian Pendidikan dan Masyarakat*)
PMC	Project Management Committee
PMP	Performance Management Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Postnatal Care
Pokja	Working group (*Kelompok Kerja*)
POPI	Provincial OSS Performance Index
Posyandu	Integrated Services Post (*Pos Pelayanan Terpadu*)
PPD	Public-private dialogue
PPID	Local Government Public Information Official (*Pejabat Pengelola Informasi Daerah*)
PPLKB	Family Planning Field Program Controller (*Pengendali Program Lapangan Keluarga Berencana*)
PPMN	Indonesia Association for Media Development (*Perhimpunan Pengembangan Media Nusantara*)
PPSS	Provincial Public Service Specialist
PSS	Public Service Standards
PSA	Public Service Announcement
PSD	Public Service Delivery
PTD	Proportional Teacher Distribution
PUM	Directorate General for Administration at the Ministry of Home Affairs
PUPUK	Association for the Advancement of Small Businesses (*Perkumpulan Untuk Peningkatan Usaha Kecil*)
Puskesmas	Community Health Center *(Pusat Kesehatan Masyarakat)*
Qanun	Local regulation in Aceh
RFA	Request for application
RISKESDAS	National Basic Health Survey (*Riset Kesehatan Dasar*)
RKAS	School Work Plan and Budget (*Rencana Kerja Anggaran Sekolah*)
RPJMD	Local Mid-Term Development Plan (*Rencana Pembangunan Jangka Menengah Daerah*)
RTI	Research Triangle Institute
SBM	School-Based Management
SD	Elementary School (*Sekolah Dasar*)
SDU	Subdistrict unit
Sekda	Regional Secretary (*Sekretaris Daerah*)
Seknas FITRA	National Secretariat of the Indonesian Forum for Budget Transparency (*Sekretariat Nasional Forum Indonesia untuk Transparansi Anggaran*)
SI	Social Impact
SIAP 2	Strengthening Integrity and Accountability Program 2
SIM-NUPTK	Management Information System for Teachers and Teaching Staff
SITU	Trade Location Permit (*Surat Izin Tempat Usaha*)
SIUP	Trade License (*Surat Izin Usaha Perdagangan*)
SKPD	District Technical Working Unit (*Satuan Kerja Perangkat Daerah*)
SMERU	SMERU Research Institute
SMP	Junior High School (*Sekolah Menengah Pertama*)
SOP	Standard Operating Procedure

SOW	Scope of work
SPP	Public Service Standards *(Standar Pelayanan Publik)*
STTA	Short-Term Technical Advisor
SUM	Scaling Up for Most-at-Risk Populations
SUSENAS	National Socio-Economic Survey *(Survei Sosial Ekonomi Nasional)*
TAF	The Asia Foundation
TB	Tuberculosis
TBA	Traditional Birth Attendant
TDI	Industrial License (*Tanda Daftar Industri*)
TDP	Company Registration License (*Tanda Daftar Perusahaan*)
TNA	Training Needs Assessment
TOR	Terms of Reference
TOT	Training of Trainers
TP3S	Public Service Development Team for Schools (*Tim Pengembang Pelayanan Publik di Sekolah*)
TPS	School Development Team (*Tim Pengembang Sekolah*)
UGM	Gadjah Mada University (Yogyakarta)
UKM	Regional Forum for Small and Medium Enterprises (*Forum Daerah Usaha Kecil Menengah*)
UNAIR	Airlangga University (East Java)
UNCEN	Cenderawasih University (Kota Jayapura, Papua)
UNfGI	University Network for Governance Innovation
UNHAS	Hasanuddin University (South Sulawesi)
UNICEF	United Nations Children's Fund
UNSYIAH	Syiah Kuala University (Aceh)
UNTAN	Tanjungpura University (West Kalimantan)
UP4B	Special Unit for the Acceleration of Development in Papua and West Papua (*Unit Percepatan Pembangunan Papua dan Papua Barat*)
UPTD	Regional Technical Service Unit (*Unit Pelayanan Teknis Daerah*)
USAID	United States Agency for International Development
USG	United States Government
Walikota	Municipality Head/Mayor
WHO	World Health Organization
WRI	Women's Research Institute
YAPIKMA	*Yayasan Pemberdayaan Intensif Kesehatan Masyarakat*
YAS	Prosperous Justice Foundation (*Yayasan Adil Sejahtera*)
Yayasan BaKTI	Eastern Indonesia Knowledge Exchange or BaKTI Foundation
YHI	Mothers' Hope Foundation (*Yayasan Harapan Ibu*)
YIPD	Local Government Innovation Foundation (*Yayasan Inovasi Pemerintahan Daerah*)
YKH	Hometown Foundation (*Yayasan Kampung Halaman*)
YKP	The Women's Health Foundation (*Yayasan Kesehatan Perempuan*)

Definitions:

Districts: In this document, the term "districts" refers to both *kabupaten* (districts) and *kota* (municipalities) for purposes of simplicity. The term "target districts" refers to the geographical areas that receive technical assistance.

HIV/AIDS: Recognizing that there exists a variety of debate and terminology within the public health sector, the term "HIV/AIDS" is used within this document to reflect USAID terminology used in Indonesia.

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Introduction: Improving Service Delivery in Indonesia

Democratic reforms and decentralization have brought government ever closer to Indonesia's citizens. Government accountability is slowly increasing as democratic reforms allow citizens to directly elect district/municipal heads and local legislatures, and decentralization has allowed local governments a greater opportunity to tailor policy and public services to respond to local needs. Many local governments are rising to public service delivery challenges by creating innovative programs that can serve as examples of excellence for the entire nation.

The United States Agency for International Development's (USAID's) Local Governance Service Improvement (Kinerja) Program works directly with local governments to improve public service delivery by identifying, testing, and replicating innovative interventions to improve measurable performance.

The Kinerja Program was awarded as cooperative agreement No. AID-497-A-10-00003 to RTI International and its consortium of five partners: The Asia Foundation (TAF), Social Impact (SI), SMERU Research Institute, the University of Gadjah Mada (UGM), and the Partnership for Governance Reform (Kemitraan). The period of implementation of this program is September 30, 2010, through February 28, 2015. This program works in the four provinces of Aceh, West Kalimantan, South Sulawesi, and East Java. In each of these provinces, Kinerja works in four districts and one city. In March 2012, USAID awarded RTI with a program extension to include Papua. This extension focuses on Health System Strengthening in the areas of Maternal and Child Health (MCH), tuberculosis (TB), and human immunodeficiency virus/Acquired Immune Deficiency Syndrome (HIV/AIDS).

Kinerja aims to improve the service delivery of local governments in three sectors: education, health, and the business-enabling environment (BEE). To achieve this improvement, the program works with three types of interventions in mind:

1. Incentives—Strengthen the demand side for better services;
2. Innovations—Build on existing innovative practices and support local government to test and adopt promising service delivery approaches; and
3. Replication—Expand successful innovations nationally and support Indonesian intermediary institutions to deliver and disseminate improved services to local government.

Kinerja also studies the level of impact achieved through these interventions. This includes an impact assessment to determine which interventions work, why, and how.

Kinerja seeks to apply good governance practices in public service delivery at the district and community levels. Its programs are aligned with national government priorities that all regions are required to implement and that have widespread applicability with local governments. This program seeks to support and enhance existing local government programs through a limited open menu of key sectoral interventions that form the basis for the incentives, innovations, and replication packages in Kinerja.

Part A: Kinerja Program Annual Report

This section of the overall Kinerja Program and Papua Expansion Annual Report – Part A: Kinerja Program Annual Report – includes the progress and achievements in Kinerja Core's 20 original treatment districts in four provinces, as well as progress in the program's replication districts, during October 2014 – September 2015. As per USAID's request, the Papua Expansion is covered in Part B: Kinerja Papua Annual Report, which details the activities carried out and achievements made in the program's four designated districts within the province during the same reporting period.

1. Introduction

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2. Incentives and Innovations

2.1 Health Governance

Kinerja's health program primarily focuses on improving maternal and child health (MCH) by supporting improvements in local policies related to *puskesmas* (community health center) management and their implementation, the promotion of safe delivery and immediate and exclusive breastfeeding (I&EBF) and the engagement of civil society in providing greater accountability and oversight.

During October-December 2014, Kinerja continued to foster the consolidation of its reform packages in the health sector. With additional training and mentoring support, Kinerja's partnering district health offices (DHOs) showed an enhanced ability to implement, monitor, evaluate and oversee Kinerja initiatives. By the end of December 2014, when Kinerja withdrew from most of its 19 original treatment districts[4] to concentrate on deepening its impact in nine replication districts (see Table 1 below), the program was confident that the

[2] The Kinerja Papua Add-On was awarded on March 16, increasing the number of provinces to five and the number of districts to 24.

[3] In this report, districts and cities receiving Kinerja support will be referred to as districts.

[4] Kinerja maintained its support in the following focus districts: Bulukumba, Kota Banda Aceh, Probolinggo and Sambas. (Due to a lack of commitment on the part of the LG, Kinerja program staff dropped Kota Banda Aceh at the end of Q2 FY 2015 in favour of Round-1 district Bener Meriah).

majority of the DHOs it had supported throughout the program had reached a point of self-sufficiency and that they could carry on and further expand the initiatives after the end of direct program support.

Table 1: Replication of Kinerja Health Packages in FY 2015:

Kinerja Package	Province	Replication District
Service standard operating procedures (SOPs)	Aceh	Aceh Selatan
Service SOPs and pregnancy classes	Aceh	Aceh Tamiang*)
I&EBF promotion and Service SOPs	Aceh	Gayo Lues*)
Complaint surveys & breastfeeding promotion	East Java	Banyuwangi*)
I&EBF promotion (Service SOPs)	East Java	Lamongan
Breastfeeding promotion and pregnancy classes	East Java	Lumajang
Pregnancy classes	East Java	Pacitan*)
Traditional birth attendant (TBA)-midwife partnerships and safe delivery information system (*kantung persalinan*)	West Kalimantan	Kubu Raya*)
Gender and adolescent reproductive health education	West Kalimantan	Sambas*)

***) Replication district priority work areas**

During the second quarter of FY 2015, coinciding with the program's shift in focus to replication, Kinerja entered a no-cost extension (NCE) period, making it dependent on local government (LG) funding for programmatic activities. In practice, this meant that during the two remaining operational quarters through to the end of June 2015, Kinerja emphasized more strongly the central role played by LGs in becoming drivers of change behind improvements in health-care services in their districts.

The second quarter of the year presented the program with a significant challenge due to many districts suffering lengthy delays in receiving their 2015 District Government Annual Budget (APBD) funding, which resulted in a number of planned activities being postponed to the following, final programmatic quarter. Nevertheless, as described in greater detail below, the financial and time constraints did little to curtail the tireless efforts by Kinerja staff and the continued widespread implementation of Kinerja's good practices in health in both partner and replication districts.

2.1.1 Local Policies and Regulations

By the end of FY 2014, a total of 27 regulations had been issued by LGs in Kinerja's treatment districts to promote safe delivery and I&EBF. During the current reporting period, five new regulations continued to be introduced in both treatment and replication districts, as well as tools to monitor the implementation of regulations and health-sector interventions.

LG partners in three of Kinerja's Round-2 districts strengthened and/or enabled their local policy environments. Officials in Aceh Tenggara followed up a monitoring and evaluation (M&E) training that Kinerja had provided in Q4 FY 2014 to produce evaluation tools, supported by a *surat edaran* (circular letter), and establish an M&E team, supported by a decree (*surat keputusan* – SK).

District counterparts in Tulungagung also developed tools to monitor the implementation of a district head decree (*perbup*) on safe delivery and breastfeeding, as well as releasing an SK to allow these tools to be used in the field.

Meanwhile in Kota Makassar, the district-level multi-stakeholder forum (MSF) conducted an in-depth evaluation of formula milk distribution in public health facilities to examine the implementation of a district decree introduced two years ago prohibiting the practice. The results, which highlighted not only where formula milk was still being offered but also described in detail the staff involved and the extent of the distribution networks, were submitted to the DHO for further action.

Later in the year, in June 2015, Kinerja program staff assisted the LG in Kota Makassar to draft a new SK to promote breastfeeding. The new SK, a companion to the first decree mentioned above, adopted a novel approach in that it argued that breastfeeding and good nutrition were every child's right. The introduction of these decrees was part of the LG's ongoing efforts to expand its breastfeeding program across the entire district.

Text Box 1: Kubu Raya trials Kinerja monitoring tools with great success

Kinerja replication district Kubu Raya made excellent progress this year toward its aim to reduce maternal and neonatal mortality in the district by conducting a trial of monitoring tools developed in Q2 FY 2015 to assess the implementation of a district head decree on partnerships between traditional birth attendants (TBAs) and medically-trained midwives that was issued in January 2015. The trial, which was carried out in April 2015 and led by Kinerja's Technical Advisor for Health, short-term technical advisor (STTA) for West Kalimantan and senior district health office (DHO) officials, monitored the decree's implementation at district and subdistrict levels for Kinerja's three pilot *puskesmas*.

Besides producing feedback that will be used to improve the tools for future use, the trial led to two significant findings. Kubu Raya's expressed aim is to implement TBA-midwife partnerships at all *puskesmas* across the district, but the initial monitoring at the three pilot *puskesmas* revealed that the Memorandums of Understanding (MOUs) establishing existing partnerships had been signed by representatives on behalf of TBAs, rather than by the TBAs themselves. This was remedied immediately by having all the TBAs operating in Kinerja's three *puskesmas* catchment areas sign attachments to the original MOUs and in the future, as additional partnerships are rolled out across the district, the LG will ensure that no one other than the parties to each agreement sign the MOUs.

The second finding related to a new rule, introduced in early 2015 regarding the Social Security Agency (BPJS) insurance program, which stipulates that only whole families can register for BPJS coverage as opposed to individuals, which was the case before. With insurance per family member costing around IDR 38 (USD 3), this requirement makes obtaining coverage even more expensive. The Kubu Raya government had formerly allocated enough funding from its 2015 annual budget to provide cover for 1,000 mothers and 1,000 babies. However, the monitoring trial discovered that since the introduction of the new BPJS rule, the original funding allocation would only cover 420 expectant mothers and their families. As a result, the local government expressed its commitment to allocate additional funding from its 2016 APBD to expand the coverage.

Kubu Raya was one of Kinerja's best-performing replication districts this year in its efforts to combat maternal mortality. Having carried out a district-wide analysis of TBAs during October-December 2014, the LG issued a *perbup* to implement partnerships between TBAs and medically-trained midwives at all *puskesmas* across the district. In order to secure the support of birth attendants for this initiative, the *perbup* stipulates that TBAs will be paid IDR 50,000 (USD 4) for each expectant mother that they refer to a *puskesmas* and IDR 250,000 each time they assist a midwife with a delivery at a *puskesmas*.

With the *perbup* in place, Kinerja assisted officials at the Kubu Raya DHO to develop two sets of monitoring tools: the first to monitor the implementation of the *perbup* on TBA-midwife partnerships at both district and *puskesmas* levels and the second to monitor the implementation of *kantung persalinan* (delivery pockets) at *puskesmas* across the district. The first set of monitoring tools was trialed in April 2015 (see Text Box 1 above for more

details), while the DHO expressed its intention to conduct a similar trial of the second set of tools later in 2015.

In Aceh Selatan, one of Kinerja's three replication districts in Aceh Province, despite only launching replication activities in February 2015, the LG demonstrated its strong commitment to replicate Kinerja's good practices by issuing, before the end of March 2015, subdistrict decrees for the establishment of MSFs at each of the district's 23 *puskesmas*, going well beyond the program's five pilot health centers.

2.1.2 Puskesmas Management

As Kinerja program staff consolidated its reform packages in original treatment districts and began to shift their focus more toward replication – both to non-partner service-delivery units (SDUs) within treatment districts and to new districts - efforts to strengthen *puskesmas* management and improve frontline services continued to emphasize the adoption of SOPs to help ensure an equitable quality of service for all patients; control cards to engage patients in measuring health workers' adherence to the SOPs; complaint-handling mechanisms, and service flowcharts. These components have proved to be popular innovations, not only in helping patients to understand the services they should receive but also by helping *puskesmas* directors to troubleshoot problems based on real data.

At the start of the year, the program oversaw the submission of three additional technical recommendations in Melawi, West Kalimantan, and provided training on case management and medical referrals for *puskesmas* and hospital staff in Bener Meriah, Aceh, to help improve coordination between the two types of medical facilities. The recommendations resulting from a seminar conducted within the three-day training were shared at a meeting that included representatives from the local legislative council (DPRD), Subdistrict Religious Affairs Office (KUA), MSFs and the district head.

In October 2014, Kinerja's intermediary organization (IO) in East Java, the Institute for Community Research and Development (*Lembaga Pengkajian Kemasyarakatan dan Pembangunan* - LPKP), assisted district-level MSFs in Tulungagung and Probolinggo to evaluate for the first time control cards that had been implemented at partner *puskesmas* in both districts two months previously. The results were largely positive, and provided constructive feedback. The cards were then revised and reprinted to incorporate feedback and changes needed. As an indication of district buy-in, private midwives in Tulungagung also adopted SOPs and control cards at the request of area *puskesmas* and the DHO.

In Kinerja's Round-1 district of Kota Singkawang, West Kalimantan, program activities had stalled in FY 2014 due to challenging relations with the DHO. However, Kinerja intensified its efforts at the start of the reporting period to resolve the existing tensions, and in Q2 FY 2015, the DHO sought Kinerja's assistance to prepare for a second round of complaint surveys at each of the district's five *puskesmas*, including Kinerja's three partner *puskesmas*. Following a Kinerja-led workshop for DHO officials and staff from all five health centers, the head of the DHO confirmed that the health office would provide funding for the complaint surveys to be conducted in August 2015.

In addition to its consolidation efforts, Kinerja achieved impressive results in replicating its interventions to strengthen health center management, with Kinerja reforms implemented at replication *puskesmas* in nine of its 19 partner districts plus eight replication districts (four in Aceh and four in East Java).

In South Sulawesi, complaint surveys were conducted at nine non-partner *puskesmas* in Round-2 district Luwu in the first quarter of the year and later in May 2015, Kinerja held a workshop on good governance and developing service SOPs. In Luwu Utara, four replication *puskesmas* adopted complaint-handling mechanisms by installing "satisfied" and "dissatisfied" comment boxes in their waiting rooms, while in Round-2 district Bulukumba, following a Kinerja-led training on SOPs and a follow-up workshop, each of the district's 19 *puskesmas* – two partner *puskesmas* and 17 replication *puskesmas* – evaluated their existing service SOPs and prepared to draft new ones, where needed. Fifteen of the 17 replication *puskesmas* also revitalized their use of *kantung persalinan* – a simple filing system to monitor the health and well-being of expectant mothers and their babies. Between April and June 2015, Kinerja provided follow-up mentoring support and technical assistance to five of the replication *puskesmas* on SOPs and *kantung persalinan*.

Achievements in SOP replication were also recorded in two of Kinerja's original treatment districts in Aceh; five achievements were recorded at replication *puskesmas* in Kota Banda Aceh, and seven in Simeulue. Meanwhile, in Round-1 district Aceh Singkil, antenatal care (ANC) SOPs and service flowcharts were replicated at 11 non-partner *puskesmas* between January and March 2015.

In East Java, Probolinggo introduced control cards at three replication health centers as well as implementing ANC SOPs at 11 replication *puskesmas*. Added to the SOPs that had been implemented at 16 other non-partner *puskesmas* in Q4 of FY 2014, it brought SOP replication in the district by the end of December 2014 to almost nine times beyond Kinerja's three original partner *puskesmas*. Similarly in Tulungagung, ANC SOPs were replicated at 16 new health centers in addition to the program's three partner clinics, and in Bondowoso, complaint surveys were carried out during April-June 2015 at 10 replication *puskesmas*, followed by the drafting of service charters and technical recommendations.

Efforts to implement Kinerja's health-care interventions in replication districts in Aceh were met with enthusiasm by LGs, who were keen to make the most of the limited time available before the program's provincial-level presence ended in June 2015. SOPs that had been drafted during a Kinerja-led workshop in the first quarter of FY 2015 were signed and implemented at two *puskesmas* in Gayo Lues and six *puskesmas* in Aceh Tamiang. Three of these six *puskesmas* also implemented control cards, while one of the two health centers in Gayo Lues - Puskesmas Terangun – published patient flowcharts for ANC, a new SOP on childbirth and introduced an SMS Gateway reporting system to handle complaints.

Kinerja's two pilot *puskesmas* in Pakpak Bharat[5], meanwhile, adopted ANC SOPs, patient flowcharts, medical referral flowcharts and mechanisms, and complaint-handling mechanisms with an SMS Gateway system and suggestion boxes in the waiting rooms. In an interesting departure from the norm, both *puskesmas* also published an SOP on complaint handling to complement the introduction of the above mechanisms.

The commitment of the DHO in Aceh Selatan to eventually replicate Kinerja good practices at *puskesmas* across the district resulted in a flourish of activity between February and June 2015, both by staff at Kinerja's five pilot *puskesmas* and members of their respective MSFs. As a first step, complaint surveys were carried out at all five health centers, and subsequent

[5] Although Pakpak Bharat is in North Sumatra, it came under the oversight of Kinerja's Aceh Office.

service charters signed. All five *puskesmas* also implemented control cards, which were evaluated in April-June 2015 by the MSFs, while three of the five *puskesmas* also developed and published ANC SOPs.

In East Java, after drawing up action plans at a Kinerja-led replication workshop in Surabaya in December 2014, the program's four replication districts also made the most of the time available during the following two quarters. ANC SOPs and control cards were implemented at two *puskesmas* in Lumajang and three in Pacitan. Adopting the same innovative practice previously implemented in other Kinerja districts, such as Bengkayang, Sambas and replication district Kubu Raya, the control cards in Pacitan include a take-home portion for pregnant women containing practical information on prenatal nutrition. One of the three *puskesmas* in Pacitan – Puskesmas Bubakan – also introduced a suggestions box and a feedback board for patients in its waiting room.

Each of the health centers in Lumajang and Pacitan, as well as one (Puskesmas Sobo) in Banyuwangi and one in Lamongan, also conducted complaint surveys and signed the resulting service charters and technical recommendations. The signing ceremony in Lumajang, which had been postponed in the second quarter due to the untimely death of the district head, was attended by more than 150 people, including the Regional Secretary. The evident enthusiasm surrounding the event was followed by a major burst of activity by staff at one of the district's two pilot health centers - Puskesmas Yosowilangun: despite only starting to replicate Kinerja good practices at the beginning of January 2015, the *puskesmas* had fulfilled 75 percent of the 19 commitments in its service charter by the end of June 2015.

2.1.3 Promotion of Safe Delivery and I&EBF

Between October 2014 and the end of June 2015, Kinerja continued to provide technical support and mentoring to partner and replication DHOs and *puskesmas* to reduce risks for expectant mothers and their children and to increase the prevalence of breastfeeding. Kinerja's efforts during the year also aimed to raise people's awareness of their rights to health care, particularly those related to MCH, including safe delivery and I&EBF.

Throughout the program, Kinerja supported the use of *kantung persalinan* or "delivery pockets" in *puskesmas* to better prepare for potential complications from high-risk pregnancies. These simple filing systems store the exam records of expectant mothers according to delivery date. Whereas many Kinerja-supported *puskesmas* were early adopters of this system, the program's three partner clinics in Kota Makassar developed and implemented *kantung persalinan* for the first time at the start of the reporting period.

Kinerja's three replication districts in Aceh - Aceh Selatan, Gayo Lues and Pakpak Bharat – also implemented *kantung persalinan* information systems at their pilot *puskesmas*, while Aceh Selatan, Pakpak Bharat and Round-2 district Bulukumba in South Sulawesi also introduced so-called pregnancy maps (*peta hamil*) as an additional safeguard against potential complications in high-risk pregnancies.

As part of its ongoing efforts to improve MCH, Kinerja's Round-1 district of Bondowoso finalized and signed MOUs this year to replicate TBA-midwife partnerships to an additional five *puskesmas*. This innovative practice helps to extend the reach of modern medical professionals into communities that ascribe to strong traditional beliefs through collaboration and the provision of attractive incentives. It has been used successfully elsewhere in the Kinerja program to improve access to health care, especially in geographically and culturally isolated districts. One such district is Aceh Singkil, which this year not only replicated TBA-midwife partnerships to an additional 29 villages but also saw its success in reducing maternal and infant mortality rewarded by becoming one of the first two districts in Indonesia to ever win a prestigious United Nations Public Service Award (UNPSA)[6] (see Text Box 2). Further details about Aceh Singkil's UNPSA success are provided in the Replication of Good Practices chapter.

Text Box 2: Aceh Singkil wins 2015 UNPSA

On May 7, 2015, the Aceh Singkil DHO learned that it had won second place in the 2015 UNPSA for reducing maternal and infant mortality by fostering partnerships between TBAs and medically-trained midwives.

The UNPSA constitute the most prestigious international recognition of excellence in public service, rewarding the creative achievements and contributions of public service institutions that lead to more effective and responsive public administrations in countries worldwide.

Aceh Singkil is one of 23 districts in the province of Aceh, and its 110,000 residents are served by 11 community health centers scattered across the district's coastal areas and hilly terrain. Before these partnerships were introduced in 2012, many babies were delivered by TBAs.

Although medically-trained midwives were available in the district, TBAs held trusted positions within the community, and their low cost made them an attractive alternative to a large number of families, especially those in more remote areas far from health facilities. However, TBAs often lacked any kind of medical training or understanding of proper birthing procedures. As a result, they were ill-equipped to handle complications that threatened the health of mothers and their children.

With Kinerja support and assistance, the Aceh Singkil DHO launched a pilot project in 2012 to forge partnerships between TBAs and midwives at two *puskesmas* in the district. Since then, the program has gained momentum and widespread support, resulting in more women choosing to have their babies in health centers where they are treated by midwives assisted by TBAs. In 2013, the maternal mortality rate in the district fell to zero, and as of the end of June 2015, partnerships had been implemented in a total of 31 villages, with LG plans in place to roll them out across the entire district.

Responding to the win, DHO Head expressed his thanks to all those who had made the initiative such a success: "The people of Aceh Singkil are very grateful to have received this award. This initiative has helped to improve the quality of health-care services in the district, and we are very proud of all our traditional birth attendants, midwives and *puskesmas* staff. We also offer our wholehearted thanks to USAID-Kinerja for its support."

Representatives from the Aceh Singkil LG were presented with their award at the 2015 UNPSA ceremony and forum in Medellín, Colombia, on June 23-26, 2015.

In Luwu, after facilitating a four-month development program for midwives at a local hospital in FY 2014, Kinerja hosted a workshop in May 2015 to assist the DHO to develop a strategy to reduce the district's maternal mortality rate (MMR). As a result of the workshop, the DHO expressed its commitment to undertake more frequent monitoring of Kinerja's interventions at the *puskesmas* level.

Throughout this year's three programmatic quarters, the LG in Kinerja's replication district of Kubu Raya was unwavering in its efforts to improve the provision of health-care services to ensure the safety and well-being of mothers and their babies. With the district head decree on TBA-midwife partnerships and monitoring tools in place (as mentioned earlier), the DHO began to introduce the partnerships and *kantung persalinan* information

[6] The other Indonesian winner of a UNPSA 2015 was Sragen District, Central Java, which won second place for its Integrated Service Unit on Poverty Relief.

systems beyond its three pilot *puskesmas* to each of the district's remaining 17 *puskesmas* and multiple village health posts *poskesdes* (formerly known as *polindes*). There has been widespread buy-in for the TBA-midwife partnerships among all stakeholders in the district, due in large part to the commitment shown by the LG, which confirmed its intention to increase its APBD allocation for the continued replication of these interventions.

Kubu Raya also launched a mass campaign in May 2015 to promote breastfeeding. Kinerja's Technical Advisor for Health gave a presentation at the launch, which was attended by more than 200 people. The event was a great success, while the government led by example by inaugurating the wives of the district head and deputy district head, respectively, as two of the district's first Breastfeeding Ambassadors.

Issue ambassadors have been an important part of Kinerja's work to raise public awareness about breastfeeding, to dispel popular myths and to challenge cultural assumptions that because formula milk is expensive it is necessarily better. To further this work, two of Kinerja's treatment districts increased their efforts to promote breastfeeding through the wider use of such ambassadors.

First, the LG in Probolinggo elected 24 Breastfeeding and Safe Delivery Ambassadors at the subdistrict level at the start of the year, while in Kota Makassar, having introduced the new SK on breastfeeding – as mentioned earlier - Kinerja held a training for current and new ambassadors on campaigning and advocacy skills. With the release of APBD funding in April 2015, the LG then assigned new Breastfeeding Ambassadors and *Bapak Peduli ASI* (Fathers who Care about Breastfeeding) groups to 17 replication *puskesmas* – in addition to the three replication *puskesmas* that already had *Bapak Peduli* groups affiliated to them. To reinforce this achievement, the LG also established new MSFs at the 17 *puskesmas*. The DHO also signed an MOU with the local KUA to incorporate information on safe pregnancy, childbirth and breastfeeding into pre-marital counseling for couples.

Building upon the increasing degree of buy-in among *puskesmas* in Bengkayang during FY 2014 on the importance of I&EBF, the LG demonstrated its commitment to the program by stepping up its efforts this year to establish breastfeeding rooms in public buildings and facilities in order to comply with an existing district head decree to that effect. Despite widespread reluctance on the part of many companies to allocate space in their buildings in line with the regulation, the LG took the initiative by establishing breastfeeding rooms at the district hospital, the district head's office, the DHO, and the main market in Bengkayang town.

In Sambas, which continues to experience high levels of maternal mortality, the LG intensified its efforts this year to combat the issue. According to local statistics, 13 women died either before, during or after childbirth in 2014 – only one less than the number who had died the year before. Together with its civil society organization (CSO) partner, PKPB, Kinerja facilitated a two-day workshop in February 2015 to draft a two-year District Action Plan to Accelerate the Reduction of Maternal Mortality (*Rencana Aksi Daerah Percepatan Penurunan Angka Kematian Ibu* – RAD PPAKI). The workshop was attended by representatives from each of the district's 28 *puskesmas*, together with officials from the DHO, the Local Government Agency for Regional Development Planning (Bappeda) and Sambas' District Head, *bu* Juliarti, who expressed her administration's intention to reduce maternal mortality by 50 percent this year alone.

The workshop was followed up in May 2015, when Kinerja's Senior Health Specialist attended the Sambas government's annual Local Health Coordination Work Meeting. Government officials at the meeting agreed that alongside measures laid out in the RAD PPAKI, they would implement Kinerja solutions that had been successfully applied elsewhere, such as TBA-midwife partnerships and midwife internships, as well as innovative, district-appropriate solutions to address maternal mortality. It is hoped that these efforts will be supported by former Kinerja staff, as well as Kinerja's former IO for health, the Indonesian Family Planning Association (*Perkumpulan Keluarga Berencana Indonesia* - PKBI), which has been assisting the Sambas DHO to replicate Kinerja's adolescent reproductive health program in the district (see below).

2.1.4 Adolescent Reproductive Health Education and the Prevention of Underage Marriage

Kinerja's grant support for adolescent reproductive health education (*kesehatan reproduksi* – KESPRO) and the prevention of child marriage in Bondowoso ended in FY 2014. Nevertheless, the community surrounding this innovative initiative remained active and engaged in sustaining progress throughout the current reporting period. The Blue Sky Community, a volunteer group of peer educators, continued to provide basic reproductive health information at orientation events for new junior high school students, while a number of peer educators also became youth journalists to raise awareness among their fellow students and within their local communities about KESPRO and the issues surrounding child marriage.

The primary focus during Kinerja's three programmatic quarters was on formulating steps to ensure the KESPRO program's continuity. To this end, Kinerja facilitated a discussion in December 2014 with representatives from the DHO, district education office (DEO), Blue Sky Community, Local Government Agency for Regional Development Planning (Bappeda) and former Kinerja grantee, the Women's Health Foundation (*Yayasan Kesehatan Perempuan* – YKP). One of the outcomes of the discussion was a capacity-building training in April 2015 – funded entirely by the LG and led by the East Java Citizen Journalists Forum - for youth and citizen journalists, to increase their journalistic skills and improve their knowledge about reproductive health to enable them to aid existing efforts to combat underage marriage in the district.

A second event, also the result of the December 2014 discussion, was a Kinerja-led workshop in May 2015 at the Bappeda office for officials from Bondowoso's KUA and devout youth, known as "Mosque Teenagers". Entitled Adolescent Reproductive Health and the Prevention of Early Marriage, the workshop set out to raise awareness among the 33 participants about some of the key issues in both areas and impress upon the religious leaders present the importance of only marrying couples where the woman had reached the legal age for marriage, namely 16 or over. Bappeda officials expressed their intention to continue working with Islamic teachers at the village level (*ustad kampung*) to seek alternatives to local religious customs that in some cases undermine community and LG efforts to prevent child marriage.

Local efforts to ensure the program's sustainability were given a real boost this year by the attention they began to attract internationally. First, Kinerja supported the Ministry for State Administrative and Bureaucratic Reform (KemenPAN-RB) to nominate Bondowoso for the 2015 UNPSA for its progress in promoting reproductive health and tackling the problem of early marriage. In the event, the district made it through to the second round. Then in March 2015, to coincide with International Women's Day, an in-depth feature article about Lina – one of the founding members of the Blue Sky Community – was published on Buzzfeed (click on the cover image above to access the article).

Following lengthy delays, activities finally resumed this year in replicating the KESPRO program to Sambas. In January 2015, Kinerja facilitated two reproductive health trainings: one for junior high school students from both state and private schools in the district and the other for community figures, such as religious and women leaders, teachers and representatives from the Indonesian Ulema Council (MUI).

Representatives from the District Family Planning and Women's Empowerment Body (BPPKB) also attended both trainings, and followed them up in May 2015 by conducting two large-scale campaign events in collaboration with Kinerja's short-term technical advisor (STTA) for West Kalimantan. The events, both of which attracted more than 100 people, were held to combat early marriage by promoting the raising of the minimum marriage age for women from 16 to 18. Kinerja's former IO, PKBI, which aims to assist with the program's future development, also attended both events.

2.1.5 Multi-Stakeholder Forums (MSFs)

Kinerja's work with MSFs this year consisted of two main elements: (1) assisting district- and SDU-level MSFs in the program's partner districts to complete their programmatic cycles by drafting and submitting position/policy papers to their LG counterparts, and (2) assisting replication districts with the formation of new MSFs and to support, where possible, efforts to help ensure their sustainability.

Having received training and tools last year, MSFs at both district and *puskesmas* levels spent the final quarter of FY 2014 evaluating the fulfillment of service charters and technical recommendations resulting from public complaint surveys and the implementation of district head decrees in the health sector. By way of follow-up, they spent the first part of FY 2015 drafting position/policy papers based on the results of their respective M&E activities. A total of 19 policy papers detailing recommended next steps to improve key aspects of MCH were submitted by district-level MSFs during the reporting period to district heads and DPRDs in East Java (5), West Kalimantan (5), South Sulawesi (4) and Aceh (5).

District-level activities were mirrored by those at the *puskesmas* level, where the results of service-charter monitoring were shared directly with *puskesmas* heads. It is worth noting that as of the end of December 2015, allowing for the counting of additional achievements under

Performance Management Plan (PMP) Indicator 11 (see Annex A-2), the completion rate of service-charter monitoring by MSFs at Kinerja's 61 partner *puskesmas* reached 100 percent. By the end of June 2015 and the cessation of Kinerja's health-sector activities at the provincial level, MSF monitoring at the SDU level found that just over 89 percent of the pledges made in the service charters at the 61 partner *puskesmas* had been fulfilled.

During the presentation of policy papers, and subsequent follow-up meetings, the district governments in Jember and Tulungagung, East Java, made a commitment to provide operational funds for the district-level MSFs to continue their oversight work. Also, the district-level MSF in Bener Meriah, Aceh, successfully lobbied the LG for legal status during FY 2015, allowing it to receive government funding and play a more formal role in the oversight of public policy. A number of district-level MSFs in Aceh have been institutionalized in this way, which not only offers them greater stability but also vastly improves their chances of sustainability.

For some time, Kinerja has worked to promote the integration of MSFs at the district level to broaden their membership base and their collective advocacy power to lobby LGs for change. During the reporting period, mergers took place between health and education MSFs in four districts: Bondowoso and Jember (East Java), and Bulukumba and Luwu Utara (South Sulawesi). This added to Sekadau, West Kalimantan, whose health and education MSFs had previously been merged. Aceh is the only province where such mergers have not taken place.

With regard to Kinerja's replication districts, eight health-related MSFs were formed at the district level (four in Aceh and four in East Java) and an impressive 38 at the SDU level during the reporting period. Of this latter figure, 23 were formed in Aceh Selatan, one for each *puskesmas* in the district, and three were revitalized Puskesmas Support Groups (*Badan Penyantun Puskesmas*) in Aceh Tamiang that already existed and whose functions were essentially the same as those undertaken by Kinerja's MSFs, but that had been inactive since 2011.

Kinerja provided trainings in April and May 2015 for the new district-level MSFs in Aceh on their tasks and responsibilities, functions, strategy and advocacy. In East Java, Kinerja IO LPKP offered three-day workshops for the district-level MSFs in Lumajang and Pacitan, where complaint surveys had been completed and service charters signed. Following these workshops, both Pacitan and Lumajang MSFs completed evaluations of their respective service charters. Pacitan's MSF was due to analyze the evaluation results in Q4 FY 2015 and draw up technical recommendations, while in Lumajang, the MSF completed its analysis by the end of June 2015 and submitted its recommendations to the DHO for follow-up.

Lumajang's three SDU-level MSFs proved to be just as proactive as their district counterpart. Each of the MSFs raised funds for their respective *puskesmas* to improve services, by building security posts and cultivating the areas outside the health centers as a follow-up to complaints made during the complaint surveys. Moreover, the MSF assigned to Puskesmas Yosowilangun also successfully advocated for funding from local village heads – IDR 10 million per village from 12 villages – to help support one of Yosowilangun's target programs, the Women with Chronic Energy Deficiency program.

As Kinerja Core entered its final phase at the provincial level, it became apparent to program staff that citizen engagement had slowly but surely begun to change government attitudes toward public input. Although hard to measure, experience from the field indicated that by breaking down barriers between government officials and the public and underscoring the

rights of ordinary people to be heard, the "Kinerja approach" - with its emphasis on incorporating demand-side stakeholders into all aspects of its work - has begun to embolden an increasing number of people to speak up about shortcomings in public service delivery.

2.1.6 Sustainability

Kinerja sought every opportunity during its last two programmatic quarters to encourage its LG and civil society partners – especially those in replication districts - to utilize the expertise available to them among former Kinerja staff and IOs to offer their health-related programs the best chance of continuity. One of the platforms used to promote such linkages was the sustainability workshops that Kinerja organized in three of its four partner provinces[7] toward the end of June 2015, details of which are provided in the Project Management chapter later in this report.

In the months since the closure of Kinerja's district and provincial programming, LG officials from Kinerja's six replication districts in East Java (health and education) have found a creative way to provide each other with support by using modern technology to form a working group on WhatsApp. The officials use the application primarily to share information on an almost daily basis, but it also serves as a catalyst for positive competition among each of the administrations.

It was not feasible for Kinerja to conduct in-depth monitoring of each replication district during Q4 FY 2015, but the program did seek feedback from former staff members and IOs. Although limited, the information provided - about activities carried out in some former partner and replication districts during the last three months of the reporting period - has been encouraging.

In East Java, the LGs in Tulungagung, Jember and Kota Probolinggo have provided funds to the district-level MSFs to begin evaluating the implementation of service charters and technical recommendations at replication *puskesmas*, and activities to improve MCH began in October 2015 at two replication health centers in Tulungagung and three in Pacitan with assistance from Kinerja's former provincial public service specialist (PPSS). Replication district Banyuwangi, meanwhile, has completed complaint surveys at its pilot *puskesmas* and toward the end of October 2015, service charters and technical recommendations were drafted.

In Kota Makassar, the DHO has allocated APBD funding to facilitate the finalization of a Local Action Plan on I&EBF, as well as to evaluate ANC SOPs and, where necessary, amend them in line with Kinerja's approach at all 43 *puskesmas* in the district. The DHO has also continued to organize several new initiatives as part of its efforts to promote breastfeeding, in conjunction with district- and SDU-level MSFs, Breastfeeding Ambassadors and members of the *Bapak Peduli ASI* groups.

In Aceh Singkil, too, the district's efforts to promote breastfeeding received a boost when in September 2015, new Breastfeeding Ambassadors were inaugurated at the village and subdistrict levels, bringing to 120 the total number of ambassadors across the district. In addition, the implementation of Kinerja's good practices to improve MCH in Aceh Singkil

[7] Kinerja held sustainability workshops in East Java, South Sulawesi and West Kalimantan. In Aceh, due to a last-minute date change that clashed with competing LG priorities, Kinerja's Health and Education specialists held bilateral discussions with decision makers at both the provincial and district level.

and the program's other former partner districts of Bener Meriah, Kota Banda Aceh and Simeulue is continuing.

2.2 Education Governance

Kinerja's education governance program consists of three packages: Educational Unit Cost Analysis (*Biaya Operasional Satuan Pendidikan* - BOSP), proportional teacher distribution (PTD) and school-based management (SBM).

As Kinerja Core entered the last year of operational programming in its four provinces, program staff spent the first quarter of FY 2015 further consolidating its interventions in 10 Round-1 districts[8] and six Round-2 districts[9] to ensure sufficient adoption and application of the program's reform packages. Support to Round-1 districts was provided by STTAs, while Round-2 districts continued to be supported by existing IOs, whose grants were extended until the end of December 2014.

As previously mentioned in the Health Governance chapter, from the start of Q2 FY 2015, Kinerja withdrew from most of its treatment districts at the end of December 2014 to focus on expanding and strengthening its impact in replication districts (see Table 2 below) to build a strong foundation for sustainability. Nevertheless, the program continued to maintain its support for district education offices (DEOs) in three focus districts: Simeulue (BOSP), Bondowoso (PTD) and Jember (SBM). At this point, the program was confident that the majority of the DEOs it had supported throughout the program had reached a point of self-sufficiency with which they could carry on and further expand the initiatives after the end of direct program support.

Table 2: Replication of Kinerja Education Packages in FY 2015:

Kinerja Package	Province	Replication District
SBM	East Java	Kota Mojokerto *)
		Mojokerto *)
		Pacitan
	Southeast Sulawesi	17 districts
BOSP	East Java	Kota Batu
	North Sumatra	Pakpak Bharat
	South Sulawesi	Jeneponto
		Kota Palopo*)
		Sidenreng Rappang *)

***) Replication district priority work areas**

As Table 2 illustrates, the replication of Kinerja's education packages was limited to SBM and BOSP. PTD was not offered for replication as the remaining time available was insufficient to introduce the program and consolidate it. In Q2 FY 2015, Kinerja also started to provide limited support to two new provinces: North Sumatra, where Pakpak Bharat began

[8] A total of 11 districts adopted education components during Round 1 of the Kinerja program. Of these, Luwu in South Sulawesi chose to implement PTD. However, in FY 2014, Kinerja discontinued its support due to a lack of government commitment.

[9] See Annex A-1 for a complete list of all Round-1 and 2 districts and their chosen interventions according to sector: education, health and BEE.

replicating BOSP, and Southeast Sulawesi, where the provincial education office (PEO) was keen to pilot SBM at one elementary school and one junior high school in each of the province's 17 districts.

During the second quarter of FY 2015, coinciding with the program's shift in focus to replication, Kinerja entered its NCE period, making it dependent on LG funding for programmatic activities. This meant that during the two remaining operational quarters through to the end of June 2015, Kinerja emphasized more strongly the central role played by LGs in becoming drivers of change behind improvements in education services in their districts.

This was generally a good thing, but it presented the program with a significant challenge in the second quarter of the year as many districts suffered lengthy delays in receiving their 2015 APBD funding, which resulted in a number of planned activities being postponed to the following, final programmatic quarter. Nevertheless, as this chapter will go on to describe in greater detail, the financial and time constraints did little to curtail the continued widespread implementation of Kinerja's good practices in education, in both partner and replication districts.

2.2.1 Educational Unit Operational Cost Analysis (BOSP)

Kinerja worked with partner districts to calculate the financial gaps between annual central government funding and the operational expenditures required to meet nationally-mandated minimum service standards (MSS) through the BOSP package. Recommendations to address any financial shortages discovered as a result of careful analysis were made jointly by LG district technical working units (SKPD), revenue and finance offices and Bappeda, together with community stakeholders via school committees to offer alternatives from the district or provincial budgets.

During the first quarter of FY 2015, Kinerja continued to support two districts from Round 1, Bulukumba and Simeulue, and Round-2 district Kota Banda Aceh through the extended grant to its IO, GERAK Aceh.

Direct program support for Bulukumba, which entered its second year of implementing the BOSP package, was phased out in the first quarter of FY 2015. The district was considered mature and capable of running the BOSP program, including monitoring and evaluation, with its own resources, while oversight of the allocations is carried out by the Bulukumba MSF. As a consequence, Kinerja limited its role to monitoring the program's implementation and the DEO's preparations for the 2015 budgeting process.

After lengthy procedural delays in Kota Banda Aceh and Simeulue, both districts finally disbursed funding allocations between October and December 2014. The delays had been caused primarily by ongoing debates regarding the specifics of their respective formulas used to govern BOSP allocations. With technical assistance from Kinerja, Simeulue had developed a BOSP distribution system during the previous fiscal year that took into account the poverty status of a school's student body, while in Kota Banda Aceh the formula targeted additional funding to small schools and schools with large numbers of students from low-income families, both of which were intended to achieve a more equitable distribution of funds.

With the first allocations disbursed, Kinerja providing backstopping and mentoring support to both districts to ensure that the package was implemented fully in both and that gap calculations and funding allocations were repeated. Follow-up monitoring by each district's

MSF, to determine how the funds were actually used within schools and evaluate the extent to which they benefited students, was postponed until April 2015 due to delays in the release of APBD funding in both Simeulue and Kota Banda Aceh.

M&E efforts were still ongoing at the end of June 2015, but were completed by the end of the reporting period. No information regarding the results of the evaluations have been made available at the time of writing, although Kinerja has received confirmation that both Simeulue and Kota Banda Aceh governments are continuing to implement BOSP in their districts.

At the start of the current fiscal year, Kinerja continued to provide assistance to its three replication districts in South Sulawesi (Jeneponto, Kota Palopo and Sidenreng Rappang) by helping DEO officials develop their BOSP calculations. The program then organized three replication workshops – one in each district – in January 2015, which resulted in the formation of three district-level MSFs. Despite the workshops' primary aim being to strengthen demand-side entities, LG representatives from each district also attended them, giving them a good understanding of Kinerja's approach and the responsibilities they are expected to undertake in terms of being open and transparent, and ready to cooperate with the new MSFs. This cooperation began in earnest in April 2015, when each DEO started to work alongside its MSF counterpart to finalize their BOSP calculations.

Following a request from Kota Palopo, Kinerja provided additional assistance during the finalization process, while in Jeneponto, where the local government expressed its commitment to sustain the BOSP program into 2016 and beyond, Kinerja assisted the LG to develop a budget incorporating all the costs related to BOSP implementation.

In East Java, lengthy deliberations over the annual budget in replication district Kota Batu effectively halted any meaningful progress during the first two quarters of FY 2015. With funds released by the beginning of April 2015, Kinerja staff expected the DEO to finalize its BOSP calculations. No such action was taken, however, as the head of the DEO believed that a recent increase in the national Educational Unit Operational Cost (BOS) allowance would be sufficient to cover all student costs.

As reported in previous quarterly reports, the Government of Indonesia (GOI) raised the national BOS allowance in January 2015 from IDR 560,000 per school student per quarter to IDR 800,000. Although this is a welcome move that goes a long way toward closing costing gaps at schools in more deprived areas, it is not enough to close those gaps entirely. This was perfectly illustrated in Jeneponto, Kota Palopo and Sidenreng Rappang. Even with the increase in BOS payments, each of the districts found that their calculations – for both elementary and junior high schools – resulted in an average shortfall per student per year of around IDR 180,000. As of the end of June 2015, each of the DEOs planned to review their respective unit costs later in the year and, if necessary, recalculate them to fill the gaps.

Despite the shortfalls, the future for the BOSP program looks bright in each of the South Sulawesi districts. In Kota Palopo, Bappeda staff confirmed that the agency would allocate APBD funding to the DEO to continue implementing BOSP in 2016, while in Jeneponto, Kinerja provided STTA assistance to the LG during April-June 2015 to incorporate the BOSP package into the government's 2016 work plan and budget. And in Jeneponto, the district head signaled his intention to replicate the program even further by instructing the DEO to choose three new schools (elementary and junior high) in every subdistrict for future BOSP development.

In Pakpak Bharat, activities to replicate BOSP only began in the first quarter of FY 2015, leaving the district a little behind other replication districts in terms of progress made during the year. In March 2015, Kinerja conducted a workshop with DEO officials to develop the district's BOSP calculations for elementary and junior high schools. In collaboration with the district's newly-formed MSF, the DEO finalized the calculations and at the end of June 2015, the LG drafted a district head decree, ready for signing in the following quarter.

2.2.2 Proportional Teacher Distribution (PTD)

Through its PTD package, Kinerja assisted DEOs to review and analyze district education data in order to address potential imbalances in the distribution of teachers. Kinerja aimed to create an environment in which DEO staff collaborated with relevant stakeholders in their administrations through district-level MSFs to implement incentive strategies to encourage teachers to work in remote or otherwise underserved areas.

As explained earlier, PTD was not implemented in replication districts. Therefore, this section only records progress made in Kinerja's focus district for PTD, Bondowoso, as well as the program's Round-1 districts (Barru and Luwu Utara) and Round-2 districts (Sambas and Aceh Singkil).

At the start of FY 2015, all five of the districts listed above had completed PTD calculations and issued supporting regulations, but only one of the five had actually carried out a transfer of teachers; that was Luwu Utara, which in the first quarter of FY 2014 had transferred a total of 128 elementary school teachers to underserved schools.

During the reporting period, however, this situation was completely reversed as by the end of June 2015, four of the five districts had conducted transfers, leaving only one – Aceh Singkil – still to do so. In a country where teacher transfers are a rare occurrence, Kinerja's achievement in PTD this year is all the more notable given the fact that from a programmatic point of view, the "year" only consisted of three quarters.

After issuing an implementing decree in FY 2014, Barru transferred 326 teachers

Text Box 3: Bappenas impressed with Kinerja's PTD, SBM reforms in Barru

Kinerja supported field visits on May 27-29, 2015, for Bappenas' Director for Poverty Reduction, to two of Kinerja's treatment districts in South Sulawesi: Barru and Luwu Utara. Kinerja Chief of Party accompanied *the Director* to Barru, where they met with the district head and the head of the DEO.

DEO Head confirmed that the district was continuing to implement Kinerja's PTD component, adding that in addition to the 326 teachers that had already been reassigned to underserved schools at the start of FY 2015, another 40 teachers had been earmarked for transfer. The DEO Head also said that Barru's PTD program had been developed on the district's positive experience of implementing Kinerja's SBM package, which he maintained was now being implemented at all schools across Barru.

Bappena's Director for Poverty Reduction said he was very impressed with what he had seen and heard, based on the accounts related to him by LG officials. He was especially interested to see the way in which Kinerja responded to the requests of its LG partners rather than imposing a particular program on them, and how through building their capacity, LGs were encouraged to assume ownership of the entire implementation process. He acknowledged that in this way, Kinerja helped to change the mindset of government staff and created a sense of enthusiasm among them to provide excellent services.

In particular, he said he was keen to work more closely with Kinerja in the future, to learn more about program's governance approach with its emphasis on establishing linkages between LGs and civil society to work together to improve public services.

As a direct result of these visits, Bappenas organized a two-day workshop in June 2015, entitled "LG and Civil Society Organization (CSO) Collaboration to Improve Access to and the Quality of Services in the Frame of Poverty Alleviation". Kinerja supported the workshop by providing two resource persons: the deputy district head of Luwu Utara and the head of the DEO in Bener Meriah, each of whom recounted their experiences of collaborating with Kinerja to improve the governance of education services in PTD and SBM, respectively.

at elementary, junior and senior high schools in the first quarter of FY 2015. Although Kinerja's PTD package does not ordinarily include senior high schools, Barru was keen to maximize the benefit of the program's technical support by implementing transfers throughout its school system. The high level of commitment that the LG has consistently shown to the program was borne out later in the year when, during a visit to Barru in May 2015 that Kinerja organized for the National Development Planning Agency (Bappenas) – see Text Box 3 - , the head of the DEO confirmed that a further 40 teachers were being reviewed for transfer to underserved areas. This is a positive indication that the PTD program is well embedded in the district and will be continued well into the future, offering all children in Barru a sound basic education, whatever their economic circumstances.

PTD also appears to be well-embedded in Luwu Utara, where the DEO reinforced its first transfer of elementary school teachers last year, by transferring a second batch of teachers during Q1 FY 2015. As with Barru, the total of 37 new teachers reassigned in Luwu Utara also included senior high school teachers (22 junior high and 15 senior high).

In Sambas, following some confusion over whether or not the LG had transferred its first batch of teachers at the start of the year (see Kinerja Quarterly Report January-March 2015), the DEO confirmed that it had reassigned 18 elementary school teachers in May 2015. The education office also maintained that this initial transfer was only the first of several that were in the pipeline, and that other transfers would be carried out later this year, albeit after Kinerja had closed its provincial-level operations.

In Bondowoso, the DEO submitted the names of 80 teachers in Q2 FY 2015 to the District Personnel Board (*Badan Kepegawaian Daerah*) for review. In a district that at the start of the year suffered a net shortage of teachers, this figure was a marked increase from the six or so that the DEO first estimated it might be able to transfer. The transfers were carried out in June 2015, by which time the total number of teachers physically reassigned had risen again – to 98 (four kindergarten, 82 elementary, 10 junior high, and two senior high school teachers).

It is somehow fitting that both Bondowoso and Sambas should have carried out their first teacher transfers during the same quarter, as Kinerja staff had previously struggled at the end of FY 2014 over which of the two to choose as its focus district for PTD. These results are a resounding endorsement of Kinerja's eventual choice of Bondowoso, as they clearly show the high degree of commitment on the part of the DEO in meeting the needs of underserved schools in the district by sourcing plenty of additional teachers and distributing them to where they are most needed.

In contrast to these four achievements, PTD activities in Aceh Singkil remained stagnant during the first quarter of FY 2015. The district's first-quarter target – to establish PTD implementation guidelines – had not been completed by the end of December 2014. The key issue seems to have been lengthy discussions over the content of the guidelines, which carried over from Q4 FY 2014 into the first months of FY 2015. However, the LG made some headway during the following two quarters and by the end of June 2015, the guidelines were finalized and signed and a district head decree was also issued. At that time, the DEO said it intended to reassign its first group of teachers in July 2015, but follow-ups by Kinerja staff indicate that this did not happen. Further attempts in Q4 FY 2015 to obtain updates about the timeline and the number of teachers due to be transferred were met with uncertainty. However, with the requisite regulations in place, Kinerja remains cautiously optimistic that the DEO will follow through on its commitment and reassign teachers by the end of December 2015.

2.2.3 School-Based Management (SBM)

Kinerja's SBM package supports participative, transparent and accountable processes in school governance. It includes (1) the introduction of education service standards; (2) a community complaint index and school self-evaluation; (3) the participatory preparation of school plans and budgets involving school principals, teachers, school committees and community leaders; (4) the transparent and accountable application of these school plans and budgets; (5) the strengthening of school committees to oversee the implementation of the school plans, and (6) the strengthening of school committees to conduct advocacy where service charter implementation is lacking.

During the first quarter of FY 2015, Kinerja continued to support the implementation of the SBM package in five Round-1 districts (Jember, Kota Probolinggo, Bengkayang, Sekadau and Melawi) and three Round-2 districts (Bener Meriah, Kota Singkawang and Barru).

Kinerja's efforts during this quarter were rewarded with positive results, with greater transparency among schools being a particular highlight. Seven additional school planning documents, 21 additional budgeting documents and 41 additional financial reports were published by Kinerja-supported schools in October-December 2014, surpassing the FY 2015 target in each case. Moreover, during the same quarter, two of Kinerja's partner schools, one in Bener Meriah and the other in Kota Probolinggo, were presented with awards by their respective DEOs for their adherence to SBM principles.

In order to sustain the progress that districts had already achieved and to encourage further scaling up, Kinerja hosted a series of focus group discussions (FGDs) between DEO school supervisors and school principals in each of the eight districts in order to strengthen DEO capacity in implementing SBM and establishing accompanying policies and practical guidelines. This additional assistance was put into practice by DEO school supervisors in Bener Meriah, Jember and Kota Probolinggo, who conducted SBM trainings at non-partner schools during October and November 2014.

As of the end of December 2014, four of the eight SBM districts had disseminated and implemented the package at schools beyond their original partner schools. Of these, Kota Probolinggo achieved the most dramatic success, with SBM implemented at 119 new schools in the district.

Having chosen Jember as its focus district for the remaining two programmatic quarters, Kinerja provided additional technical support to the DEO to formulate policy on disseminating the SBM package and incorporating it into planning, budgeting and implementation at new schools in the district. However, progress during the reporting period was disappointing. By the end of June 2015, only six schools in two subdistricts (one partner school in Semboro and five replication schools in Sukowono) were continuing to implement SBM. Moreover, despite its previous assurances that it wished to replicate SBM district-wide, the DEO failed to incorporate SBM into the district's work plan or budget.

Progress was also slower in replicating SBM in West Kalimantan's Bengkayang, Sekadau and Melawi districts. It should be noted that these districts started from a lower point of capacity compared to the other districts in the program; added to which, lower commitment and policy support at the district level hampered efforts to implement the program at additional schools in the districts.

In stark contrast to the above four districts, support for the SBM package by both supply- and demand-side stakeholders in Kinerja's three replication districts in East Java (Pacitan, Kota Mojokerto and Mojokerto) remained strong, resulting in excellent progress between October 2014 and June 2015. Following a Kinerja-led training of trainers (TOT) for school supervisors at the start of the year, all the pilot schools in each of the three districts (10 schools per district) incorporated Kinerja's SBM package into their respective planning and budgeting for 2016. They then carried out complaint surveys, and subsequent service charters and complaint indexes were drafted and signed. By the end of June 2015, all the complaints coming under the direct management of the schools were addressed and resolved by school principals and school supervisors.

In Pacitan, such was the enthusiasm for replicating SBM beyond its 10 pilot schools that in March 2015, principals from 32 schools – accompanied by DEO officials and school supervisors – covered their own costs and visited two schools in Kinerja's good practice district of Kota Probolinggo to carry out a comparative study and learn more about the practical implementation of each of the elements contained within the SBM package. Following the visit, the Pacitan district head confirmed that he and his LG colleagues were so pleased with results thus far at the 10 pilot schools that they planned to provide sufficient funding from the 2016 APBD to replicate SBM at all elementary and junior high schools throughout the district.

In Kota Mojokerto, the DEO exhibited a similarly strong commitment to replicating SBM district-wide by incorporating the package into its 2015 APBD allocation and requesting Kinerja's assistance to train representatives from an initial 70 new schools in May 2015. School committees at each of the district's 10 pilot schools were also active this year in organizing fundraising events and carrying out basic repairs and regular cleanups in order to meet some of the needs not covered by school budgets.

In Mojokerto, too, school committees were also proactive and enjoyed good working relationships with their respective principals and other school staff, which among other things resulted in the drawing up of school plans and budgets that are on display at each of the 10 pilot schools. Unlike its counterparts in Pacitan and Kota Mojokerto, however, the LG in Mojokerto did not undertake activities during the reporting period to promote wider replication beyond its pilot schools. A significant portion of the district's 2015 annual budget was earmarked for a local election that is due to take place in December 2015. As a result, no allocation was included in the APBD for SBM replication; as of the end of June 2015, it remained unclear whether the LG intends to include such an allocation in its budget next year.

In Southeast Sulawesi, where the provincial government (PG) has made a commitment to replicate Kinerja's SBM package in 17 districts, four districts began to implement the package during the first quarter of FY 2015 with planning and budgeting. By the end of June 2015, however, these four districts were still the only ones that were continuing to implement SBM. In an effort to boost take-up in the remaining districts, the PEO invited Kinerja to conduct a two-day training in June 2015 for officials from the other 13 districts plus Kinerja's four replication districts. The training was a success, with officials from the 13 non-implementing districts making a commitment to incorporate SBM into their 2016 work plans and budgets.

In addition to this provincial-level training, Kinerja facilitated a TOT in collaboration with its former IO Cordial in Kota Baubau - one of the four Southeast Sulawesi districts

implementing SBM. The TOT was attended by school principals, school supervisors and school committee members from 50 schools plus members of the district MSF. Kinerja had originally planned to facilitate similar TOTs in its remaining three replication districts in the province before the end of June 2015, but due to the program's increased workload with implementing activities that had been postponed from the previous quarter, the three TOTs were rescheduled and are due to take place later in 2015. The PEO and DEOs will coordinate with Kinerja staff/STTA and IOs to facilitate the trainings.

Kinerja did, however, facilitate a similar TOT in Kinerja's Round-2 district of Barru. The Barru Education Office has consistently displayed the same high level of commitment to implementing Kinerja's SBM package as the PTD program, and it has continued to make good progress in replicating SBM to new schools in the district. The TOT was part of these ongoing replication efforts. Attended by representatives from 40 schools from all seven subdistricts, the training guided the participants through the key elements of SBM. In addition, the head of the DEO also issued a decree in the third quarter of the year to ensure that SBM is replicated at all elementary schools throughout the district.

2.2.4 Multi-Stakeholder Forums (MSFs)

Similar to its work in health governance, Kinerja focused its energies during the reporting period on (1) assisting district-level MSFs and school committees in the program's Round-1 and Round-2 districts to complete their programmatic cycles by drafting and submitting position/policy papers to their LG counterparts, and (2) establishing new MSFs in replication districts and supporting, where possible, efforts to help ensure their sustainability.

Having been provided with the necessary training and tools in FY 2014, district-level MSFs and school committees spent the final quarter of last year evaluating the implementation of service charters and technical recommendations that had been issued following complaint surveys. In the first quarter of FY 2015, the MSFs met to discuss the results of the evaluations. These discussions led to the drafting and submission of 11 position/policy papers during the reporting period on recommended next steps to improve key aspects of BOSP and PTD implementation. The policy papers were shared with DEOs in East Java (1), West Kalimantan (4), South Sulawesi (3) and Aceh (3).

District-level activities were mirrored by those among school committees at the SDU level. Thirty-eight school committees evaluated the implementation of service charters and shared their results directly with school principals, adding to the achievements under PMP Indicator 11. As of the end of June 2015, school committee monitoring at the SDU level in education during the life of the program found that 81 percent of the pledges made in service charters at 157 partner schools had been fulfilled.

For some time, Kinerja has worked to promote the integration of MSFs at the district level to broaden their membership base and their collective advocacy power to lobby LGs for change. During the reporting period, mergers took place between health and education MSFs in four districts: Bondowoso and Jember (East Java), and Bulukumba and Luwu Utara (South Sulawesi). Added to Sekadau, West Kalimantan, whose health and education MSFs were merged before the start of FY 2015, these new mergers left Aceh as the only province where similar MSF integration has not taken place.

In Kinerja's replication districts, seven new district-level MSFs were formed during the reporting period - in Pakpak Bharat (North Sumatra); Jeneponto, Kota Palopo and Sidenreng

Rappang (South Sulawesi), and Kota Mojokerto, Mojokerto and Pacitan (East Java). In each of these districts, the program decided to revitalize existing but dormant or underperforming district-level Education Boards (*Dewan Pendidikan* – DP) to form the basis of the new MSFs, as opposed to establishing new MSFs from scratch. With local community members added to their ranks, Kinerja's IOs proceeded to provide introductory trainings on their tasks and responsibilities, functions, strategy and advocacy.

In Pakpak Bharat, Kinerja's former education IO, the Community and Education Research Center (*Pusat Kajian Pendidikan dan Masyarakat* - PKPM),[10] faced some challenges early on with the district's DP members in that, historically, monitoring had not been one of their tasks and BOSP was something entirely new to them. However, in contrast to the average age of DP members in other districts, all the DP members in Pakpak Bharat were young and they injected some real energy into activities. As the reporting period progressed, they and their new community-based colleagues developed an enthusiasm for the BOSP program and their role in monitoring its implementation, both of which bodes well for the program's sustainability in the district.

Once the new MSFs had been established, their members went on to collaborate with their respective DEO counterparts to begin implementing Kinerja's education components. In Pakpak Bharat, the MSF assisted the DEO in finalizing its BOSP calculations and helped to draft the accompanying *perbup.* In Kota Palopo, where the DEO had yet to develop BOSP calculations or a *perbup*, the new MSF was involved throughout the process from the very beginning.

By contrast, in Jeneponto and Sidenreng Rappang, the DEOs already had BOSP formulas in place and accompanying draft *perbup* but with support from Kinerja IO Esensi, the newly-established MSFs drafted their own *perbup* and submitted them to their respective DEOs together with feedback on the BOSP calculations. Significantly, both DEOs accepted the input and redrafted their own *perbup* to incorporate some of the points made by the MSFs.

In East Java, LPKP, together with Kinerja's PPSS and STTA, supported the new MSFs in each of the three SBM-implementing districts to assist school committees to monitor the implementation of service charters and evaluate technical recommendations. LPKP also provided technical assistance to each of the MSFs to draw up mid-term work plans through to December 2015.

2.2.5 Sustainability

Kinerja sought every opportunity during its last two operational quarters to encourage its LG and civil society partners – especially those in replication districts - to utilize the expertise available to them among former Kinerja staff and IOs to offer their education programs the best chance of continuity. One of the platforms used to promote such linkages was the sustainability workshops that Kinerja organized in three of its four partner provinces[11] toward

[10] From January through June 2015, PKPM undertook the MSF-strengthening role in Aceh that had previously been carried out by SEPAKAT, whose grant ended on Dec. 31, 2014.

[11] Kinerja held sustainability workshops in East Java, South Sulawesi and West Kalimantan. In Aceh, due to a last-minute date change that clashed with competing LG priorities, Kinerja's Health and Education specialists held bilateral discussions instead with decision makers at both the provincial and district level.

the end of June 2015, details of which are provided in the Project Management chapter later in this report.

As mentioned previously, LG officials from Kinerja's six replication districts in East Java (health and education) have formed a working group on WhatsApp. The officials primarily use the application to share information, on an almost daily basis, but it also serves as a catalyst for positive competition among the administrations.

It was not feasible for Kinerja to conduct in-depth monitoring of each replication district during July-September 2015, but the program did seek feedback from former staff members and IOs. The information provided - about activities carried out in some former partner and replication districts during the last three months of the reporting period – was confined to Aceh Province, but it nevertheless offers encouraging signs of ongoing progress.

As mentioned earlier in this chapter, the LGs in Kota Banda Aceh and Simeulue are preparing to disburse a second round of BOSP allocations following the evaluation of the program's implementation in April-June 2015. During a visit to Aceh by USAID and Kinerja's technical specialists in June 2015, the PEO confirmed its intention to replicate the BOSP package to new districts in the province later this year, utilizing the expertise of former Kinerja staff and IOs. Significantly, the PEO added that it also aims to implement BOSP at senior high schools, as supervisory responsibility for the schools has recently been transferred from the district to the provincial level.

In Bener Meriah, the DEO has begun to implement the replication of SBM to 10 new schools in the district. Also, the district-level MSF in Bener Meriah, which has been given legal status by a district head decree, conducted a capacity-building workshop for school committee members at all elementary and junior high schools in three subdistricts, and has begun to facilitate monthly discussion forums for the committee members. The MSF is currently analyzing the availability of schoolteachers in all elementary and junior high schools across the district.

2.3 Business-Enabling Environment (BEE) Governance

During FY 2014, Kinerja's support for One-Stop Shops (OSS) focused primarily on eight treatment districts; in five of these (Aceh Singkil, Barru, Luwu Utara, Melawi and Simeulue) interventions to support a business-enabling environment (BEE) were implemented as a third component in addition to health and education.

The BEE incentives and innovation interventions were grouped into three categories: Simplifying licensing requirements and increasing the authority of OSS; improving the OSS business process, and improving OSS governance.

The Asia Foundation's (TAF) direct support to the LGs in these eight districts, which was provided through its four local partners: the Association for the Advancement of Small Business (PUPUK), Building Peace and Justice (Madanika), the National Secretariat of the Indonesian Forum for Budget Transparency (Seknas FITRA) and the Prosperous Justice Foundation (*Yayasan Adil Sejahtera* – YAS), was terminated by the end of FY 2014. However, several achievements under BEE incentives and innovation interventions were recorded during the first quarter of FY 2015, which are described below.

2.3.1 Simplification of Licensing Requirements and Increasing the Authority of the OSS

The basic assumption is that by reducing the types of licenses required – repealing or merging licenses – the burden of private firms to obtain various licenses, and the opportunity of LG officials to engage in corruption, will be significantly reduced. With the authority for licensing transferred to OSS, private firms do not need to go to different SKPD to obtain various types of licenses, while the time, cost and number of requirements to obtain them can be reduced and governance improved. Wherever necessary, upgrading an OSS' organizational status – to increase the power of the OSS vis-à-vis other SKPD – is also supported.

There were no additional achievements for this component during Q1 FY 2015, due primarily to the fact that license simplification had reached a substantial level of maturity and sustainability.

2.3.2 Improvement of the OSS Business Process

There are two main interventions supported under the BEE component to improve the business processes of OSS: (1) the development of SOPs and service standards (*standar pelayanan* - SP) for processing business license applications together with a control card to monitor SOP/SP implementation; and (2) the establishment of OSS technical teams – SKPD representatives who are coordinated by the head of an OSS to review the technical aspects of license applications – which simplify the licensing process and provide the OSS with full control of the process. In addition, capacity building and training are provided to OSS staff and technical team members to implement the SOPs, SP and control cards. During the first quarter of the year, three LGs carried out activities to improve their business processes.

Aceh Singkil: The LG issued OSS Head Decree No. 503/98.1/2014 on SOPs in December 2014, to process licenses that are authorized to the OSS. The decree was issued to serve the simplification of licenses regulation, District Head Decree No. 23/2013, dated December 2013, which reduced the number of licenses from 53 to 16.

Luwu Utara: The Asia Foundation's local partner, YAS, delivered a technical OSS training and team-building session for 35 OSS staff and technical team members in Luwu Utara in November 2014. The training was fully funded from Luwu Utara's APBD, as Kinerja's official technical assistance had ended in February 2014.

Barru: The OSS office was audited and certified as an office that had adopted a Quality Management System and, hence, was awarded ISO 9001:2008 certification by Transpacific Certification Ltd. The ISO certification is expected to strengthen the existing SOPs in processing business licenses.

2.3.3 Improvement of OSS Governance

There are two main interventions of BEE to improve OSS governance: (1) the development of complaint-handling mechanisms, and (2) the implementation of enhanced customer satisfaction (*indeks kepuasan masyarakat* - IKM) surveys. In addition, the program also supported better interactions between the government, particularly the OSS, and the people, particularly the private sector, through face-to-face dialogue or other means, such as radio programs.

The LG in Barru improved its governance of business licensing in Q1 FY 2015 through the following activities:

- The establishment of a licensing MSF via the issuance in December 2014 of OSS Head Decree No. 15/KP3M/XII/2014. The MSF comprises 13 representatives from business associations, local businesses and CSOs, who become partners for the LG in improving local policies concerning local economic development.

- The implementation of an IKM survey with methodology enhanced by Kinerja's BEE program. The survey was funded from the district's APBD. Barru OSS received a total score of 83.11 (categorized as "Good", grade "B"), which was an improvement compared to the previous year's IKM score of 82.20. Based on the quality of service categories developed by KemenPAN-RB, Barru's OSS was considered "Very Good" or grade "A" during the last two years, up from "Good" (grade "B") in 2012. All of the nine elements of services measured in the 2014 survey received a score higher than 3.2 on the scale of 1 to 4.

2.3.4 Replication of BEE Interventions

Throughout the replication phase of Kinerja's BEE interventions, TAF and its four local partners promoted the replication of six types of business-licensing innovations that were developed through direct interventions in the eight Kinerja districts mentioned above: (1) increasing the licensing authority of OSS by increasing the types of licenses authorized to the OSS and/or upgrading the OSS' organizational status; (2) reducing the overall number of types of licenses required by LGs, thereby reducing the formal requirements for businesses and opportunities for red tape; (3) developing SOPs or service standards to process license applications in order to increase the certainty of licensing processes; (4) establishing OSS technical teams to simplify the bureaucracy of the license-approval process; (5) establishing complaint-handling mechanisms to enable OSS customers to forward their complaints, and (6) conducting IKM surveys with an enhanced methodology to provide feedback on various aspects of OSS services.

All of these interventions are expected to enable business operators to obtain business licenses more easily, quickly and cheaply (including fewer illegal charges), and to improve the governance of licensing services.

Overall, Kinerja's program target to replicate good practices in BEE to 15 non-partner districts was far surpassed during the reporting period. As of the end of June 2015, 28 replication LGs (87% above the target of 15) and three scale-up LGs had adopted Kinerja BEE interventions.

Table 3: Districts replicating Kinerja's BEE good practices in FY 2015:

Province (Supporting IO)	District	Increasing OSS Authority	License Simplification	SOP/SP	Technical Team	Complaint Handling	IKM
Aceh (BITRA)	Aceh Jaya	X		X	X	X	
	Aceh Selatan	X	X	X	X	X	
	Aceh Timur		X	X		X	X
	Pidie Jaya		X	X		X	X
	Kota Subulussalam			X	X	X	X
West Kalimantan (Madanika)	Kapuas Hulu	X	X	X			X
	Kayong Utara		X	X	X	X	
	Ketapang	X		X	X	X	
	Kubu Raya			X			X
East Java (PUPUK)	Banyuwangi			X	X	X	
	Kota Blitar		X	X		X	
	Blitar	X		X		X	
	Kota Kediri	X	X	X	X	X	
	Kediri	X		X			
	Lamongan	X			X	X	X
	Pamekasan			X			X
	Sampang	X		X	X	X	
	Situbondo			X		X	X
	Trenggalek	X	X	X	X	X	
South Sulawesi (YAS)	Bantaeng	X	X			X	
	Bone		X			X	X
	Enrekang				X	X	
	Jeneponto	X	X	X		X	
	Luwu*	X	X	X	X	X	
	Kota Palopo	X				X	X
	Pangkep	X					
	Sidenreng Rappang				X	X	X
	Sinjai	X	X	X	X	X	X
	Soppeng	X	X	X	X	X	X
	Takalar		X	X		X	
	Wajo	X	X			X	

* Luwu is a Kinerja district, although it did not implement a BEE component. Hence, the activities in the district are not counted as part of "replication", but rather a "scale-up" of Kinerja interventions.

Aceh

In Aceh, the LG of Aceh Jaya issued a district head decree (*perbup*) on SOPs governing license processing procedures for 24 types of license applications and a *perbup* on establishing a technical team. In East Aceh, the Indonesia Foundation for Rural Development (BITRA) assisted the district's OSS to formulate SOPs, which was followed by an accompanying *perbup* in October 2014, and in Pidie Jaya, the LG issued two *perbup* on complaint handling and license simplification. The latter resulted in the number of different licenses required by the LG, and authorized to the OSS, being reduced from 73 to 21.

IKM surveys were also conducted in Q1 FY 2015 in replication districts in Aceh (East Aceh, Pidie Jaya and Subulussalam). For the Aceh districts, it was the first time they had conducted such surveys and they employed a new, qualitative methodology in accordance with KemenPAN-RB Regulation No. 16/2014. In East Aceh and Subulussalam, most respondents in both districts cited complaint-handling mechanisms as being the element requiring the most improvement.

All of the five LGs that signed Memorandums of Understanding (MOUs) with BITRA in replicating BEE innovations have already met the target of adopting at least one of BEE intervention. Although its support to the five districts ended in December 2014, BITRA has continued to monitor the progress of interventions and reported that another local-level regulation was issued during this reporting period. The LG of Aceh Timur issued a District Head Decree (No. 065/98/2015) on OSS complaint-handling mechanisms in January. This decree is expected to deepen licensing reform in the district and should positively impact the private sector. However, another local-level regulation on license simplification – which would reduce the types of licenses required from 73 to 25 – was still being reviewed by the Legal Division of Aceh Timur's local government.

East Java

Good progress was also made in East Java, where seven local regulations were issued in Q1 FY 2015. The LG in Banyuwangi issued two *perbup* concerning a technical team and licensing-monitoring team, while in Kota Kediri, the mayor issued a decree on service standards (*standar pelayanan* - SP) and SOPs to process licenses under the authority of the OSS. The Sampang government, meanwhile, issued two *perbup*, both of which transferred license-processing authority to the OSS for several types of licenses. The Sampang OSS now has authority to process 21 types of licenses. The district head in Trenggalek signed two regulations, one on a complaint-handling mechanism and the other on transferring licensing authority to the OSS, which is now authorized to process 50 types of licenses – although authority for a further 103 types of licenses is still spread across different SKPDs.

Besides the issuance of local regulations from four replication districts in East Java, Surabaya-based IO PUPUK began assisting LGs in six further replication districts in the province to finalize draft regulations on increasing the licensing authority of OSS, and developing SOPs for business licensing, OSS technical teams and/or complaint-handling mechanisms. PUPUK also facilitated a workshop in Pamekasan for 23 OSS staff members, which focused on teamwork and communication skills, handling complaints and customer-oriented service delivery.

In addition to seven LGs that have adopted at least one of the six BEE interventions, three other LGs – Kediri, Kota Blitar and Lamongan – adopted two to three innovations in Q2 FY 2015. In addition, five other LGs – Banyuwangi, Kota Kediri, Sampang, Situbondo, and Trenggalek – have adopted other BEE innovations that deepen the licensing reform introduced by the program. In total, all 10 replication districts in East Java have met the target of adopting at least one BEE intervention.

With intensive facilitation from PUPUK Surabaya, 18 local-level regulations were also issued by eight LGs (including the three new districts) during the reporting period. Two LGs, Kota Kediri and Trenggalek, adopted five of the six BEE interventions, thus boosting the possibility of the program's higher impact in these districts.

In addition to the adoption of these BEE innovations, additional progress was also achieved in Q2 FY 2015 in business licensing reforms. Although Kinerja's grant to PUPUK has ended, the NGO is continuing to monitor the progress of the issuance of local-level regulations and, to a limited extent, offering support to the LGs.

The LGs of Banyuwangi, Blitar, Lamongan, Pamekasan and Sampang have already formulated SOPs/SP for business licensing, but these had not been issued by the end of this

reporting period. The issuance of the SOPs/SP in Pamekasan was delayed due to the rotation of the OSS head and two key officials. In Lamongan, the LG needs to conduct a public consultation on its draft regulation, which has delayed the issuance of the legal basis for the SOPs.

South Sulawesi

In South Sulawesi, the Bantaeng government issued a district head decree in October 2014 to reduce different types of licenses and to transfer licensing authority to the OSS. The LG, with assistance from IO YAS, reduced the total number of license types from 40 to 21, and transferred processing authority for all of them to the OSS. In addition, authority for processing nine new investment-specific permits has also been transferred to the OSS, bringing the total number of license types under OSS authority to 30. The Soppeng LG, meanwhile, issued a *perbup* amendment in October on license simplification, effectively reducing the number of permits processed by the OSS to 19. Significantly, the new revised *perbup* stipulates that any new types of licenses in the future should be merged with one of the existing 19 license types.

A capacity-building workshop took place in Makassar on Oct. 31-Nov. 2, 2014. The LG of Pangkajene Kepulauan invited YAS Director Ismu Iskandar and local OSS expert, Dr. Mulyadi, to help train the district's OSS staff. The training, which was fully funded by the LG, helped to foster improved teamwork, increase the participants' knowledge and understanding in implementing newly-introduced working procedures and regulations, and encourage higher standards of service.

IKM surveys were also conducted in the first quarter of the year in two replication districts in South Sulawesi (Bone and Soppeng). The overall scores from the surveys in Bone and Soppeng, which continued to use a quantitative methodology – 75.6 and 80.12, respectively – saw both districts categorized as "good". OSS staff competence was deemed by the 150 respondents in both districts as needing the most improvement, while the moderate costs of obtaining licenses from OSS was the aspect they most appreciated.

In Q2 FY 2015, YAS signed a new MOU with the LG of Wajo (which was previously supported without an MOU) and renewed its MOU with the LG of Jeneponto in February 2015. In total, 11 districts (including one scale-up district) have signed MOUs with YAS. The two districts of Wajo and Jeneponto have provided budget allocations of Rp 45 million and Rp 107 million, respectively, to finance replication activities this year, including to finance YAS staff. In addition, YAS has also initiated discussions with Toraja Utara district about replicating BEE innovations, utilizing Rp 90 million of local budget funds for this fiscal year. The Toraja Utara OSS was the last one established in the province (2013), and it is not yet fully operational. YAS is expected to support the LG to prepare the necessary regulatory framework, train the OSS staff and publicly disseminate licensing information.

All 12 districts that have been supported by YAS in South Sulawesi have already adopted at least one BEE intervention. During this reporting period, four local-level regulations were issued that will deepen licensing reform in Wajo and Jeneponto.

Although significant progress has been achieved in Jeneponto, Toraja Utara and Wajo, YAS has faced ongoing difficulties in moving the reform agenda further in four districts – Luwu, Kota Palopo, Sidenreng Rappang and Takalar. The lack of LG budget funds available at the beginning of the January-March 2015 period, coupled with the rotation of key OSS staff in

these districts, effectively stalled the progress of replication. YAS will not continue to support these districts.

In Q3 FY 2015, YAS signed a new MOU with the LG of Toraja Utara in May 2015, though the activities had begun in February 2015. The LG allocated budget funds of IDR 90 million to finance replication activities in fiscal year 2015, including to finance YAS staff. YAS is expected to support the LG to prepare the necessary regulatory framework, train the OSS staff, and publicly disseminate licensing information.

YAS facilitated the district to conduct license mapping. Based on the mapping, the LG issued District Head Decree (*Perbup*) No. 14/2015 in May 2015 to transfer the authority for issuing 67 types of licenses to the OSS. YAS also helped the LG to finalize the draft district head decree on the OSS technical team, which is expected to be signed by the district head soon. YAS will continue assisting the LG to develop SOPs and deliver training for the OSS staff and technical team later this year.

West Kalimantan

The progress of replication in West Kalimantan continued to be the slowest during Q2 FY 2015. Only one district, Bengkayang, adopted one BEE intervention. While all of the districts supported in the three other provinces have adopted at least one kind of licensing reform, three districts in West Kalimantan have failed to do so. In addition to the geographical challenges faced in intensively supporting the LGs, the capacity of the Foundation's local partner, Madanika, in facilitating the reforms is also relatively lower than that of TAF's partners in the other three provinces.

2.3.5 Local Budget Study (LBS)

The Asia Foundation engaged Seknas FITRA to conduct a Local Budget Study (LBS), which consists of a Local Budget Index (LBI) – to measure the quality of governance throughout the budget cycle – and Local Budget Analysis (LBA) – to measure the budget allocation and execution quality – in all of Kinerja's 20 treatment districts. The draft reports were reviewed by TAF and a peer reviewer, Alamsyah Saragih (former head of the National Information Commission) and were being finalized by Seknas FITRA at the end of this reporting period.

Based on the LBI, in general the quality of budget governance among the 20 Kinerja districts has improved compared to the same study conducted in 2011. Kota Banda Aceh and Barru (South Sulawesi) are the best performing among Kinerja districts. Kota Banda Aceh maintains its first-ranked position from the 2011 LBI, while Barru significantly improved from 12th ranking in 2011. In contrast, Bengkayang (West Kalimantan) and Aceh Singkil are considered to have the worst budget governance.

In respect of improved transparency, although all of the Kinerja districts have established local government information officials (PPIDs) and formulated SOPs in information provision, the results of budget-document accessibility tests are not significantly improved from 2011. In terms of participation, there is significant improvement in public participation forums in several stages of the budget cycle, beyond the traditional development planning meetings (*musrenbang*). With regard to the accountability aspect, most of the Kinerja LGs improved their timeliness in submitting and issuing various budget documents. Similarly, the audit results of the State Audit Agency (BPK) show improved quality of local financial management – no Kinerja district received a disclaimer or unaccepted opinion. Ninety percent of Kinerja districts have established procurement service units (ULP) and utilize

electronic procurement systems (LPSE). However, in gender equality, the participation of women in budget forums is also still limited and has not significantly improved from 2011. This may be caused by another finding of the study – 55 percent of the Kinerja districts have not established any of the gender budgeting institutions (working group, focal point, gender responsive team) required by the national government that may advocate for higher women participation.

With regard to the quality of budget allocation, the LBA shows that the local revenues received by the 20 Kinerja districts in the 2011-2014 period were significantly higher than in the 2008-2011 period. However, such an increase is not reflected in increasing "fiscal space" – discretion of the LGs in allocating their budgets. The increasing proportion of personnel expenditure led to the decrease in fiscal space. Most of Kinerja's LGs have not followed the Village Law's requirement to allocate 10 percent of their general grants and revenue sharing received and taxes and levies collected to the villages. Local budget allocations for the education sector have been increasing to almost double the constitutional minimum requirement – 20 percent of the total budget. However, the way the budget is allocated within the sector does not necessarily reflect the needs. For example, allocations for priority programs such as basic education and education-quality improvement are, respectively, decreasing and still very small. Unlike education, allocation for health is still very limited. On average, only 11 percent of the local budgets (including personnel) in Kinerja districts are allocated to the health sector, while the Health Law requires a minimum of 10 percent (excluding personnel costs). Although the proportion of health budget allocated for personnel spending decreased, the ratio of population per health worker, nurse and midwife decreased – which is expected to increase the quality of services.

2.3.6 National Media Road Show

TAF Program Officer Hari Kusdaryanto joined members of the Kinerja team – Chief of Party Elke Rapp, Communications Officer Lynda Mills and Media Specialist Firmansyah – in a series of discussions with editorial staff at three national media outlets – Antara News Agency, NET TV, and *The Jakarta Post* newspaper – in March 2015. The purpose of the visits was to share Kinerja achievements and good practices, and to explore potential collaborations. Specifically in relation to the BEE component, the visits were also used to promote the mass-licensing day that was held in South Sulawesi in May 2015 (see below). The program's COP, Elke Rapp, was quoted in articles posted online on the Antara and *The Jakarta Post* websites,[12] as well as in the March 14 print edition of *The Jakarta Post* newspaper.

2.3.7 Mass-Licensing Day

To increase the benefits of Kinerja's BEE interventions in providing business licenses quickly and cheaply and to promote the role of the OSS in providing licenses, the PG of South Sulawesi (led by the Provincial Agency for Investment Coordination - BKPMD), in collaboration with TAF and its grantee, YAS, held a mass-licensing event in all 24 districts in the province on May 7, 2015. The main event was held in Kota Makassar and was attended by the KemenPAN-RB Minister, the South Sulawesi Governor, Kota Makassar Mayor, a commissioner from the national ombudsman, a director of the Ministry of Transportation, the

[12] http://www.antaranews.com/video/16711/izin-usaha-ukm-akan-mudah-dan-murah
http://www.thejakartapost.com/news/2015/03/14/national-scene-usaid-seeks-improve-public-services.html.

Acting Deputy Director of the Democracy, Rights and Governance (DRG) Office of USAID Indonesia, Kinerja's COP, TAF's Country Representative for Indonesia, as well as representatives from several private banks, business associations, and other government officials. Indonesia's Vice President, Jusuf Kalla, also joined the event via video link.

The Vice President emphasized the importance of efficient licensing in this competitive era. In particular, the transition of South Sulawesi from an agriculture-based economy to agro-industry requires efficient licensing to accelerate private sector development, while the KemenPAN-RB Minister expressed his appreciation for the mass-licensing event, adding that he hoped other provinces would hold similar events to provide free licenses to micro, small and medium enterprises (MSMEs). In addition, the Governor of South Sulawesi underlined the importance of the event in educating MSMEs that business licenses in the province are now easy to obtain, and that informal businesses should legalize their operations as soon as possible.

Text Box 4: Mass-Licensing Day in S. Sulawesi exceeds all expectations

A World Bank study on the ease of doing business ranked Indonesia 114 out of 189 economies, far below other Southeast Asian countries. Moreover, a recent study commissioned by Regional Autonomy Watch (KPPOD) found that in order to obtain a trade permit (SIUP) in Jakarta, an applicant is expected to pay up to IDR 500,000 ($40) and wait for around two weeks, despite the existence of a national regulation stipulating that SIUPs are free of charge and should be processed within three working days.

Since 2011, the Kinerja program has assisted LGs in Aceh, East Java, South Sulawesi and West Kalimantan to smooth business processes – especially for micro, small and medium enterprises (MSMEs) - by establishing and/or developing district-level One-Stop Shops (OSS).

To mark the end of Kinerja's BEE component, as well as to promote the improved OSS services in South Sulawesi to the local business community, Kinerja under the leadership of its partner, The Asia Foundation, and in cooperation with the South Sulawesi provincial government, organized a Free Mass-Licensing Day on May 7, 2015, in all 24 municipalities and districts across the province.

The event, which not only allowed thousands of local business owners to formally legalize their businesses but also offered them the opportunity to obtain advice and credit to help grow their businesses, was a huge success. Of the targeted 30,000 permits, the event's committee - led by the South Sulawesi Regional Investment Coordination Board (BKPMD) – had successfully distributed 41,116 licenses by the time activities ended late-afternoon.

BKPMD Head Irman Yasin Limpo said the Free Mass-Licensing Day had been organized as many MSMEs still lacked the formal documentation needed to develop their businesses and secure bank loans. "During the course of this free licensing event, we have helped MSMEs to the tune of around IDR 360 billion," he said.

Among the thousands of license recipients were Hilawati and her husband, Khusnul, who run a small bakery in Jeneponto District. With their new permits legalizing their business in hand, they said they looked forward to establishing a contract with a local supermarket chain that wanted to sell their bread and rolls. "Next week, I will contact [the supermarket] and hopefully we can start sending them our bread," Khusnul said.

The main activity of the event was to provide basic business licenses – nuisance permits (HO), location permits (SITU), trading permits (SIUP), company registration certificates (TDP), and construction permits (IMB) – plus other licenses, free of charge to MSMEs. In total, 41,117 licenses were issued on the day, including 6,524 licenses issued by the PG. The five districts that issued the most licenses were Jeneponto (4,783), Kota Makassar (4,527), Barru (3,860), Sinjai (2,547) and Soppeng (2,298). All of these were either directly supported by or replication districts of Kinerja.

In parallel with the provision of free licenses, several other activities were conducted at the provincial level, including a job fair, exhibition of MSME products, signing of an MOU between the MSME association, private banks and the PG, and the introduction of new services at the provincial-level OSS. At the district level, too, several parallel activities were also conducted, such as the provision of free seeds to farmers in Sidenreng Rappang, provision of capital funds to MSMEs in Kota Palopo, and the launch of a public service

center (Masiga Center) in Barru. The latter event was attended by TAF's Senior Director for Programs.

In Jeneponto, the event was held to coincide with the district's anniversary on May 1, 2015. The LG also provided business licenses to disabled persons-owned businesses in the district, land certificates to 100 micro businesses, free tax consultations and tax ID numbers, free medical check-ups, and low-cost basic needs (*sembako*) to 500 impoverished households. The day after the mass-licensing event, the Acting Deputy Director of USAID's DRG Office, TAF's Program Officer, and Kinerja's Provincial Coordinator presented a trophy to the Jeneponto District Head for issuing the highest number of licenses during the event. Jeneponto's Deputy District Head, DPRD Speaker, and the heads of various SKPD also attended the ceremony.

The mass-licensing event was well covered by national, provincial and local media – some of whom covered the event in their headlines. At the national level, the media outlets that covered the event included *Antara*, *The Jakarta Post*, *Kompas*, *Suara Pembaruan*, *Detik.com*, *Koran Tempo*, national public radio (RRI), *Metro* TV and *Bisnis Indonesia* TV. At the sub-national level, mass media coverage was provided in *Fajar*, *Tribun Timur*, *Rakyat Sulsel*, *Kabar Makassar*, *JURnal Celebes*, *Parepos*, and other online media. In addition, several LGs – including Barru, Luwu, Luwu Timur, Sidenreng Rappang and Palopo – disseminated the event through half-page advertorials in local newspapers.

2.4 Cross-Cutting Issues

2.4.1 Media

The first quarter of FY 2015 marked the final three months during which Kinerja's media IOs provided direct support to citizen journalists (CJs) trained under the Kinerja program. With the completion of IO grants by the end of December 2014, the number of active CJs and articles/publications produced in each of the program's four core provinces ceased to be recorded. However, from the start of the Kinerja program through to the end of December 2014, a total of 281 CJs were recorded as being active, reporting through 1,106 articles on LG performance and also voicing their opinions and concerns about service delivery issues in their respective areas. These totals are disaggregated below by province:

- Aceh: 66 CJs, 197 articles/publications
- East Java: 53 CJs, 194 articles/publications
- South Sulawesi: 74 CJs, 329 articles/publications
- West Kalimantan: 88 CJs, 386 articles/publications

Despite the lack of quantitative data, however, CJs in all four Kinerja Core provinces remained active throughout the reporting period, offering encouraging signs that the work Kinerja and its former grantees have put into creating a flourishing community of CJs to monitor and help improve the quality of public services will continue to be sustained at the district level.

The year began with two large-scale events to increase the profile of Kinerja-trained CJs, as well as to highlight the power of public oversight in improving public services. On October 18-19, 2014, Kinerja hosted its second annual citizen journalism festival in Surabaya, East Java. More than 15 institutional partners, including government offices, NGOs, private companies, and national media outlets helped to support the event, which was opened by the U.S. Consulate General's Public Affairs Officer, Carolina Escalera. Around 300 CJs,

bloggers and students attended discussions and technical workshops on using photography, radio, video and persuasive writing as advocacy tools during the two-day festival.

Later the same month, Kinerja co-hosted an event with the U.S. Embassy's cultural center, @america, in Jakarta on October 29, 2014. The event featured CJs from all five Kinerja provinces, including Papua, and from a broad variety of backgrounds, which helped to highlight that anyone can take up the initiative to write about public services. Macon Phillips, the Coordinator of the U.S. Department of State's Bureau of International Information Programs, opened the event, and a number of U.S. Embassy and USAID staff were in attendance.

Rather than coasting through their final months of funding, media IOs continued to implement activities to raise public service delivery (PSD) issues in partner districts. In Kota Makassar, for instance, media IO JURnal Celebes helped to facilitate MSF participation in a series of talk shows aired on local TV stations to talk about the implementation of the local *perbup* on breastfeeding, which also bans the distribution of formula milk at all public health facilities. Aired on SUN TV, Ve Channel TV, Fajar TV, and Celebes TV, with a radio talk show on Radio Telstar FM, these discussions about the importance of exclusive breastfeeding, as well as government policy and community initiatives, highlighted the broad support that Kinerja has helped to build on the issue and its popularity in the district.

Text Box 5: Book promoting improved public services wins LG support

As part of its efforts to encourage mainstream media to focus on PSD issues, Kinerja sponsored a small fellowship program in Q1 FY 2015 for mainstream journalists, and the results proved positive. Kinerja media IO LPS-AIR compiled outstanding pieces written by participants in the fellowship program in a book entitled *Toward Improved Public Services*. The book was warmly received, including by government counterparts. The principal of SMPN 7 junior high school in Singkawang, West Kalimantan, said, "[This book], which we love, can be used not only to share the good practices that we have implemented, but it can also become an example for other schools."

As a follow-up to the book's publication, LPS-AIR organized a gathering in Pontianak, West Kalimantan, on March 28, 2015, to discuss the book and explore the possibility of publishing other similar volumes. Those attending the event included representatives from a number of CSOs, including Kinerja IOs PKBI and *Pusat Pengembangan Sumberdaya Wanita* (PPSW), as well as several commissioners from the provincial branch of the Indonesian Broadcasting Commission (KPI).

The discussion proved fruitful, with agreement reached that the issue of public services should become a routine agenda item at meetings of relevant district technical working units (SKPD) and other LG departments. The participants also agreed to produce a second book that, in addition to highlighting good practices in PSD, would also contain critiques showing the gaps that continue to exist in some districts in terms of providing high-quality services to their communities. Local Ombudsman Head expressed his appreciation for the discussion: "It is important to hold events like this regularly. And it is even more important that officials from SKPD and other departments attend, so that we can all address the issue of public service delivery together."

In Aceh, CJs have made a significant contribution to improvements in the transparency and accountability of services in health care, education and business licensing. During the reporting period, one CJ's report about TBA-midwife partnerships, which was aired on Xtra FM and later rebroadcast on RRI Aceh Singkil, inspired the DHO to hold a training for all TBAs in the district as part of the LG's efforts to expand the initiative's reach.

In East Java, several CJs in Probolinggo who are also members of the district-level MSF, utilized their skills to draft a policy paper on ways to reduce maternal and child mortality in the district. During a meeting with the DPRD in February 2015 to discuss the paper, the CJs also presented the results of a study they had conducted on the availability of health workers in villages across the district. Upon learning that 10 villages lacked health workers, the

DPRD instructed the DHO to rectify the situation and by the middle of March 2015, health workers were restored to the villages.

Significantly, LG appreciation of the role played by CJs and MSFs as public monitors and overseers of public-service provision became increasingly evident during the reporting period. During an interview with one CJ, the deputy district head of Sambas thanked Kinerja for supporting greater civic engagement. "The role of citizen journalists and MSFs has been very important in helping the DHO and *puskesmas* to improve their services," he said.

This oversight function is not only a theoretical driver of change, but has been seen to make a tangible difference at public facilities. For example, the heads of Kinerja-supported *puskesmas* in Tulungagung and in Probolinggo, East Java, told Kinerja staff how CJ coverage had both pressured them and motivated them into implementing new innovations, such as control cards to monitor SOPs and the use of fingerprint scanners to manage medical records.

Appearing as a resource person at Kinerja's sustainability workshop in Kota Makassar in June 2015, the Deputy District Head of Luwu Utara, Indah Putri Indriyani, explained how the LG continued to collaborate with CJs and MSFs as it recognized the important role they played in encouraging government officials to improve their performance and, by extension, services in health care and education. Referring to the district's implementation of Kinerja's PTD program as an example, she went on to say that the program's success, which had resulted in the district receiving an award from KemenPAN-RB and being nominated two years in a row for a UNPSA, was a direct result of the efforts of CJs, mainstream journalists and MSFs.

This appreciation by LGs has in some cases been translated into practical, financial support, to enable CJs to continue working. Government officials in Aceh Tenggara, for instance, contributed toward the printing costs of a new weekly tabloid, *Lintas Leuser Antara*, which was established in Q2 FY 2015 by local CJs. Similarly, the LG in Sambas provided a grant to CJs in May 2015 to enable them to publish their tabloid, *Suare Warge*, which focuses on the delivery of public services in health, education and business. The financial uncertainty faced by the Sambas CJs prompted the Deputy Head of the DPRD, Misni Safari, to invite them to report activities carried out by local legislators, under the title *Berita Parlementaria* (Parliamentary News). "We must support the work of CJs, especially via *Suare Warge*. This is the best kind of community potential," he said.

CJs in Bengkayang – who appear in Kinerja's new film on citizen journalism (see the Replication of Good Practices chapter for more details) – have gone from strength to strength, due in no small part to the support shown by LG officials for the work they do. Subscribers to their monthly paper, *Tabloid SEBALO*, include officials from the DEO, DHO, Bappeda and Communications and Information Office. As of the end of June 2015, the CJs were preparing to print the eighth edition of the paper, and in order to attract an even wider readership they have also set up an online version: http://www.tabloidsebalo.com.

In terms of sustainability, CJs in Aceh received a real boost when the provincial branch of the Indonesian Journalism School (SJI) in Kota Banda Aceh added a new module to its curriculum this year – specifically on citizen journalism. This is a significant move that signals the growing reputation of CJs and recognition by established bodies of the positive role they can play in raising awareness and advocating on particular issues – sometimes in ways that mainstream journalists cannot.

Text Box 6: Second Open Data program launched in Kota Banda Aceh

Following a successful pilot project with the Kota Banda Aceh DEO, Kinerja held two new workshops in the district in conjunction with the World Wide Web Foundation and its former IO, GeRAK Aceh, but this time in collaboration with the DHO. The first day of the first workshop (April 27-28, 2015) gave local CSOs, CJs, local media and MSF members the opportunity to engage with PPID and officials from ten of the city's Municipal Technical Working Units (*Satuan Kerja Perangkat Kota* - SKPK) and explain to them the different kinds of information they needed to be able to access for their work.

Representatives from a number of CSOs were present at the workshop, including the Aceh NGO Forum, the Aceh Institute, Aceh Anticorruption School (SAKA), Flower Aceh and the local branch of the Indonesian Journalists Association (*Persatuan Wartawan Indonesia* - PWI).

One of the participantsfrom SAKA, explained how valuable the workshop was for his organization's advocacy work on raising public awareness about corruption issues: "Open data makes our work much easier because we can access the information we need quickly from each LG agency. In addition, open data allows us to better analyze existing data because it is available in a universal format that can be opened on any computer application program - and it's free," the fourth-year university student said.

The second day of the workshop was attended by the same LG officials plus representatives from Bappeda, DHO, DEO, OSS and Community Empowerment Agency (*Badan Pemberdayaan Masyarakat* - BPM). All those present welcomed the CSOs' feedback and agreed to provide the information they requested, acknowledging that although data was already available, it was hard to access.

At the second workshop (April 29-30, 2015), Kinerja and its partners offered the PPID and SKPK staff technical training on transferring existing data to Comma Separated Value (CSV), a universal digital format that can be accessed on all computers and gadgets, whatever their operating systems.

Before moving onto the next stage, GeRAK and staff from the Aceh PPID office provided mentoring to the SKPD officials who needed further assistance and training to use the CSV format. Then on July 7-8, 2015, the Web Foundation organized a final workshop, during which the health data were transferred to CSV. The workshop was also attended by CSO representatives, who were shown how to access the information in a variety of forms, such as info-graphics, depending on their needs.

2.4.2 Local Government Public Information Officials (PPID)

Kinerja continued to support efforts to boost public access to information through PPID offices during the reporting period. As opposed to previous years, in which Kinerja provided direct support to PPID offices' establishment and improved operations, support in FY 2015 was primarily directed at encouraging CJs and MSFs in Aceh and West Kalimantan to utilize PPID offices as a source of valuable information for their work.

To help drive the use of PPID offices, Kinerja entered a collaborative relationship with the World Wide Web Foundation at the start of the year to pilot a study in Kota Banda Aceh to improve citizen access and use of public data. As a first step, representatives from both organizations met with local social activists and reporters in November 2014 to get a better understanding of their needs for public data and how they typically go about obtaining it. In addition to supporting public demand, Kinerja and the Web Foundation also held a workshop with staff from the Kota Banda Aceh PPID office to talk about the effective management of digital data and the benefits of universal access.

Follow-up meetings were held to explore how to draft open-data plans and to provide capacity building on preparing narrative content to explain the data and their significance. As a result of these activities, Kota Banda Aceh PPID became more skilled at collecting LG data and developed, in conjunction with the local DEO, a digital data format for storing education data that could be accessed by the public.

Significantly, the need to improve public access to government data was covered extensively at the time in local media, including in *Medan Business Daily*, Radio Republik Indonesia (RRI) and in the *Aceh Post*.

Following the success of the pilot study, Kinerja joined forces once again with the Web Foundation in April 2015 to organize two follow-up workshops for Kota Banda Aceh PPID to undertake the same process but this time on health-related information in collaboration with the local DHO (see Text Box 6).

The workshops also led to the possibility of seeing the Open Data program expanded to the provincial level. In May 2015, Kinerja's Media Specialist was invited by the head of the Aceh PPID Office, *Ibu* Asriani, to deliver a presentation on open data and transparency to a gathering of officials from each of the province's 42 provincial-level Technical Working Units (SKPA). Therafter, *bu* Asriani confirmed that she may seek Kinerja's assistance to establish the same Open Data program for SKPA staff and other PG agencies.

The Web Foundation, meanwhile, opened its first Open Data Lab in Jakarta in February 2015. Envisaged as being the first in a network of similar offices across Indonesia and Southeast Asia, the launch is a major step toward introducing the Open Government Program to different government sectors and regions across the country. The foundation also organized a session at the annual RightsCon Summit in the Philippines in March 2015, at which Kinerja's Media Specialist was a speaker. (More information about the launch of the Open Data Lab and the RightsCon Summit is provided in the Replication of Good Practices chapter).

In addition to the second Open Data program in Kota Banda Aceh, provincial PPID forums also took place in both Aceh and West Kalimantan during the year.

West Kalimantan convened its first provincial PPID Forum in October 2014, to discuss how open access to information can support good governance, and the importance of properly classified information. A second forum was held in March 2015, during which discussions focused on how to create synergy between PPID offices at the district and provincial levels. The forum also included a workshop to brainstorm ideas about how to optimize and synchronize the respective roles and tasks of district and provincial PPIDs with those of the West Kalimantan Information Commission.

In Aceh, provincial PPID forums took place regularly throughout the reporting period, in March 2015, May 2015 and September 2015. During the gathering in Langsa in September 2015, apart from the usual information sharing about progress made and challenges faced by the information officials between forums, those present also discussed their preparations for compiling Public Information Lists (*Daftar Informasi Publik*). The lists detail different types of government information available to the public, under different departments – including PPID offices - and the form in which users can obtain the information - printed, recorded or online. A follow-up meeting is planned to take place in October 2015.

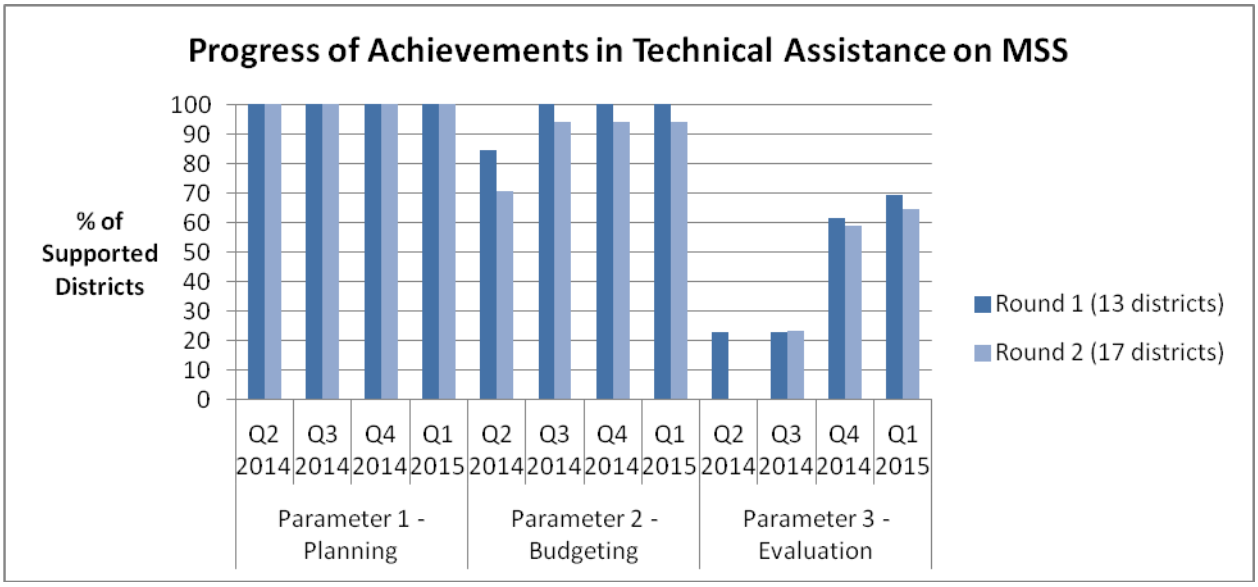
2.4.3 Minimum Service Standards (MSS)

Kinerja's support for the application and integration of MSS has underpinned its efforts to promote reforms in the health-care and education sectors since the beginning of the program. In line with its Annual Work Plan for FY 2015, Kinerja continued to provide technical assistance during the first quarter of the year to improve LG capacity, especially that of DEOs and DHOs in partner districts, to accelerate their fulfillment of MSS gaps, which had already been identified and integrated into key planning and budgeting documents.

The program continued to offer technical training and support to ensure that these actors were sufficiently prepared to supervise programs designed to achieve MSS, monitor their

implementation and evaluate their results on an annual basis. A key component of the program's efforts during October-December 2014 focused on monitoring and evaluating MSS achievement, and incorporated MSFs both at SDU and district levels to not only provide continuous oversight but also to measure MSS achievements.

Progress in the implementation of technical assistance activities on MSS during Q1 FY 2015 is described in the following table:



The data above show that achievements in Parameter 1 – related to the application of MSS in planning processes – had already achieved 100 percent completion some time before. Progress in Parameter 2 was similar, with Round-1 districts having achieved 100 percent completion by July 2014. Only one district from Round-2, Luwu, had not yet incorporated MSS cost analysis into its budget, due to a lack of government commitment.

From July through December 2014, Kinerja saw impressive progress in Parameter 3 – the evaluation of MSS achievements, which was largely due to the fact that Kinerja hosted provincial events in East Java, South Sulawesi and West Kalimantan during July-August 2014, where action plans for monitoring and evaluation were developed. As those plans were then put into action in Q1 FY 2015, Kinerja supported training activities in partner districts in each province to support the implementation and conducting of evaluatory studies. The overall success, as illustrated in the above table, was the result of a long-term investment in skills-building and mentoring, expert consultant support, as well as the development of easy-to-use tools.

Two of Kinerja's Round-2 districts, Jember and Kota Makassar, both showed tremendous improvement in their abilities to understand, prioritize and apply MSS cost analysis. Jember conducted its MSS evaluation with a tremendous level of detail, expanding upon indicators at the *puskesmas* level by developing supplemental criteria. In Kota Makassar, the municipal administration released a district head decree to mandate the continued use of MSS evaluations and results integration.

Despite the progress made, the program encountered some challenges during the first quarter. Districts in West Kalimantan, for instance, started the program at a distinct disadvantage/disparity in terms of capacity to develop programming based on explicit targets

and goals. In instances where Bappeda staff were absent from MSS trainings, LG staff from other technical departments were unable to convince Bappeda of the importance of MSS and the usefulness of this approach. Similarly, in a number of districts, technical department staff struggled to convince legislators - specifically members of DPRD budget committees - of the legal basis for allocating funds based on MSS, although the practice is mandated by national regulations.

Also, a handful of districts were unable to implement MSS evaluations during Q1 FY 2015. Of these, Kota Banda Aceh and Bondowoso postponed their evaluations until the second quarter, since programs designed to close MSS gaps had not run for a sufficient length of time to be evaluated. In Bulukumba, meanwhile, the turnover of Kinerja's district staff and LG counterparts also led to a temporary disruption of technical assistance until a qualified consultant could be found to provide support.

With the completion of the programmatic cycle on MSS application and integration and Kinerja's withdrawal from most of its Round-1 and Round-2 districts at the end of December 2014, program staff spent the remaining quarters concentrating on recording their knowledge and experience of providing technical assistance on MSS and transferring it to policy-making at the national level.

In January 2015, Kinerja submitted a policy paper entitled *Penerapan Standar Pelayanan Minimal Bidang Kesehatan Tahun 2015-2019: Pembelajaran dari Program Kinerja-USAID* (Recommendations for the Application of Minimum Service Standards in the Health Sector 2015-2019: Lessons Learned from the USAID-Kinerja Program) to the Ministry of Health (MOH). The ministry acknowledged the importance of applying MSS to its own health programs and toward the end of April 2015, MOH officials independently visited Kinerja's Round-2 district of Probolinggo to see first-hand how Kinerja good practices were being implemented at the *puskesmas* level.

Kinerja attended a second meeting with MOH in June 2015 to further discuss the recommendations made in the policy paper. At this meeting, the MOH expressed an interest in adopting Kinerja's MSS costing tools for its National Action Plan on MCH, which will include an MSS costing template. Kinerja also provided technical assistance to the ministry after officials sought advice on determining estimated costs for integrating MSS costing into district-level annual work plans and budgets.

Discussions with MOH staff on this and several other health-related policy papers that Kinerja submitted this year were extremely fruitful, leading to Kinerja being invited to attend the MOH's Mid-Term Evaluation meeting in Palembang, South Sumatra, in August 2015. Kinerja's Public Service Standard Specialist participated in the meeting and, together with an official from the DHO in Jember, presented Kinerja's good practice of integrating MSS into district health budgets, as well as providing information on how to monitor and evaluate budgets in order to determine the extent to which local activities contribute to the fulfillment of MSS in health. Notably, Kinerja's presentation was one of only four good practices chosen by MOH for inclusion at the evaluation meeting. (Further details about the other policy papers and Kinerja's national-level replication efforts during the reporting period are provided in the following chapter, Replication of Good Practices).

2.4.4 Gender

Kinerja's efforts to ensure that gendered approaches are implemented in all of its activities continued throughout the reporting period during training activities for its IOs and civil society organizations (CSOs). During workshops hosted by the Capacity Development Task Force in October 2014 and April 2015, Kinerja provided specific sessions on the application of rights-based approaches and on the requisite steps to take to ensure that programmatic events include equal opportunities for meaningful participation and decision-making for all stakeholders.

Sessions with a similar focus were also included in workshops that were held for LG officials and MSFs in replication districts in East Java (December 2014), Aceh and South Sulawesi (January 2015). These sessions helped Kinerja's new partners working in replication areas to understand gender and rights-based approaches and their application in the implementation of international development programming.

Apart from these trainings, activities resumed during the reporting period to replicate the gender and adolescent reproductive health education (KESPRO) program in Sambas, West Kalimantan. As a continuation of the program's implementation following lengthy delays, Kinerja facilitated two trainings in January 2015 on reproductive health led by former Kinerja IO, YKP. The first was a two-day workshop on January 12-13, 2015 for 24 junior high school students (12 boys and 12 girls) from both state and private schools in the district, while the second training, on January 14, 2015,was aimed at community figures.

Twenty people attended the second training, including religious and female leaders, teachers, and representatives from the Sambas DHO and MUI. Representatives from the BPPKB also attended both events, and during the second training, the MUI requested funding from the BPPKB for follow-up meetings to incorporate information about KESPRO into their members' sermons.

Replication efforts in Sambas continued into the third quarter of FY 2015, when Kinerja's STTA for West Kalimantan collaborated with the BPPKB in May 2015 to conduct two large-scale events to combat early marriage by promoting the raising of the minimum marriageable age for women from 16 to 18. Both events proved extremely successful, with each one attracting more than 100 people. Kinerja's former health IO, PKBI, also attended both events.

It is interesting to note that these events took place while Indonesia's Constitutional Court was considering a petition filed by a coalition of women's and children's rights groups – including YKP – calling for a review of the Marriage Law and raising the marriageable age for women to 18. Toward the end of June 2015, the court rejected the coalition's petition, arguing that the current minimum age helped to prevent pre-marital sex and children born out of wedlock. Despite the court's rejection, it is significant that the events in Sambas reflected similar efforts at the national level, and in terms of the KESPRO program as a whole, this particular topic may well become an additional element in ongoing efforts to combat early marriage.

Also in Q3 FY 2015, Kinerja organized a workshop as part of its original KESPRO program in Round-1 district Bondowoso. The workshop took place in May 2015 at the Bappeda office for officials from Bondowoso's KUA and devout youth, known as "Mosque Teenagers". Entitled "Adolescent Reproductive Health and the Prevention of Early Marriage", the workshop set out to raise awareness among the 33 participants about the key issues pertaining

to both areas. It also provided an opportunity for Kinerja to engage directly with KUA officials, who are entrusted with the legal power to conduct marriages, and impress upon them the importance of only marrying couples where the woman has reached the legal age for marriage - 16 years or over. After the workshop, Bappeda officials expressed their intention to continue working with Islamic teachers at the village level (*ustad kampung*) to seek alternatives to local religious customs that in some cases undermine community and LG efforts to prevent child marriage.

3. Replication

In line with Kinerja's goal to not only support innovation and incentives in public service delivery but also to replicate good practices from those interventions, the program utilized all it had learned in previous years to continue to expand during the current reporting period. As already mentioned in previous chapters of this report, Kinerja spent the first quarter of FY 2015 reinforcing its consolidation efforts and improving even further district government technical office capacity and ownership of the program's interventions. Following Kinerja's withdrawal from most of its 20 partner districts at the end of Q1 FY 2015, the program spent the remaining two programmatic quarters maximizing the achievements already made in replicating its reform packages to additional districts in its four partner provinces and successfully extending its reach even further.

Kinerja continued to work with national-level institutions to adopt good practices for even broader application and in this, its fifth year of implementation, the program was also presented with the opportunity to disseminate information about its approach and good practices at a number of events at the international level. The sections below describe these and other achievements that Kinerja made during the year in replicating its work to new areas.

3.1 Replication within Kinerja-Supported Districts

In line with the Annual Work Plan FY 2015, Kinerja continued to support seven of its original core districts (four in health, three in education), which were chosen for their high levels of LG commitment together with offering the greatest potential for completing their performance cycles. Given the ending of grants to its health and education IOs by March 2015, Kinerja provided ongoing technical support for the remaining programmatic quarter through its technical specialists and regionally-based STTAs.

Kinerja's key replication strategy throughout the year was to support DHOs/DEOs to be the main drivers of replication in their districts. Kinerja's technical staff continued to mentor district teams with the aim of increasing the number of health and education officials with improved capacity to deliver high-quality public services.

During the reporting period, Kinerja recorded significant achievements in scaling-up in treatment districts. As recorded under PMP Indicator 20, the program replicated Kinerja good practices 154 times in non-partner SDUs (schools and *puskesmas*) in the program's treatment districts from October 2014 through June 2015. Fifty-four of these achievements were in health (service SOPs in MCH, TBA-midwife partnerships and *kantung persalinan* information systems); 45 were MSS at *puskesmas;* 35 were in governance in schools and *puskesmas* (implementation of service charters, control cards and/or complaint boxes, and the formation of MSFs), and 20 were in education (SBM).

It should be noted that achievements recorded under Indicator 20 include replication of good practices in SDUs in non-partner districts. The additional 154 achievements recorded during October 2014-June 2015 contribute to an overall total of 450 Kinerja good practices being implemented during the life of the program, which is well in excess of the program's target of 344 replicated good practices. Moreover, the 450 good practices were implemented at a total of 399 non-partner SDUs (200 non-partner *puskesmas*, 184 non-partner schools and 15 DHOs).

3.2 Replication to Additional Districts

According to Kinerja's replication strategy approved in 2013, the program aimed to replicate its good practices to a total of 25 additional districts (10 districts for health and education combined and 15 districts for BEE). As of the start of FY 2015, Kinerja had already exceeded that figure, having replicated its reform packages to a total of 35 non-partner districts. During the first three quarters of the reporting period, the program continued to extend its reach and by the end of June 2015, it had expanded to a further nine non-partner districts, bringing the total number of replication districts to 44 in five provinces,[13] exceeding by 176 percent the original program target.

The nine new replication districts were in East Java (Kediri, Kota Kediri, Kota Blitar, Lumajang, Pacitan, Sampang and Situbondo), North Sumatra (Pakpak Bharat) and West Kalimantan (Kubu Raya). The 44 replication districts (education (10), health (10), BEE (24)), as verified by the M&E team, adopted 32 Kinerja good practices during October-June 2015: Three good practices relating to governance in health (MSF formation) and three in BEE were adopted by replication districts in Aceh; 16 BEE good practices (new regulations, SOPs) and one education good practice (SBM) were adopted by replication districts in East Java; one governance good practice (MSF formation) and one education good practice (BOSP) were adopted by a replication district in North Sumatra; five BEE good practices were adopted by replication districts in South Sulawesi, and two health good practices (issuance of a *perbup* on TBA-midwife partnerships and a DHO Instruction Letter on *kantung persalinan* and *peta hamil*) were adopted by a replication district in West Kalimantan.

3.2.1 Replication Workshops

During FY 2015, Kinerja organized three replication workshops for LG and community partners in Aceh, East Java and South Sulawesi.

The first of these, which took place in Surabaya in December 2014, was attended by 38 participants from five replication districts in East Java: Pacitan, Lumajang, Lamongan, Mojokerto and Kota Batu. The three-day workshop aimed to strengthen demand- and supply-side stakeholders in both health and education sectors, and to assist them in planning the next steps in their replication work plans. The response from those attending was positive and at the end of the three-day workshop, each district made a commitment to replicate Kinerja good practices based on their respective packages and to allocate funding for the interventions from their 2015 APBD.

[13] Aceh, East Java, North Sumatra, South Sulawesi and West Kalimantan.

Having provided technical assistance in the first quarter of the year on BOSP calculations, Kinerja held replication workshops in January 2015 in each of its replication districts in South Sulawesi (Jeneponto, Kota Palopo and Sidenreng Rappang). The primary aim of the workshops was to strengthen demand-side entities and, as such, they resulted in the formation of three district-level MSFs. Despite the workshops' main focus, LG representatives from each district also attended, giving them a good understanding of Kinerja's approach and the role they would be expected to fulfill in terms of accountability and transparency, and being ready to cooperate with their respective MSFs.

Also in January 2015, Kinerja conducted a three-day replication workshop in Medan on health service standards in MCH for DHO officials from the program's three replication districts in Aceh (Aceh Selatan, Aceh Tamiang, Gayo Lues) and one in North Sumatra (Pakpak Bharat). DHO staff from Kinerja's Round-1 district, Aceh Singkil, also attended the workshop due to its widespread scaling-up activities during the year.

3.2.2 Provincial Forums

During the lifetime of Kinerja Core, provincial forums were established only in the BEE program.

The main replication strategy of TAF and its local partners was to support provincial governments participating in Kinerja to: (1) facilitate the establishment of a forum of district-level OSS in each province to reach non-Kinerja districts; (2) regularly evaluate the performance of the district-level OSS in each province through Provincial OSS Performance Index (POPI) surveys, and (3) utilize the POPI results to create incentives to improve the performance of the district-level OSS through peer-to-peer learning. This strategy was expected to strengthen the main role of provincial governments to monitor and facilitate LGs in their provinces. In addition, peer-to-peer learning – based on the real experience of similar units of government in the area – was considered to be more effective than learning from "outsiders", such as the national government.

From October 2014 to June 2015, a total of 10 Provincial OSS Forums took place in Aceh (1), East Java (4), South Sulawesi (4) and West Kalimantan (1).[14]

Aceh

Kinerja's BEE program in Aceh ended in December 2014, and no provincial forums took place during Q1 FY 2015. During the last week of December 2014, TAF grantee BITRA conducted a monitoring trip across the province and held a number of informal discussions with OSS forum members from various districts regarding the forum's work plan and possible future cooperation with BITRA. The LGs expressed their concern that the provincial government (PG) may not sufficiently facilitate the forum's activities in the future.

In May 2015, however, the PG used its own funds to organize a one-day OSS forum in Aceh Tamiang. The forum, which was attended by 25 participants from the provincial administration and several LGs, discussed legal issues and cases regarding licensing authorities, and received an update on OSS-related policies and good practices from TAF's

[14] Grants to BITRA (Aceh), Madanika (West Kalimantan) and PUPUK (East Java) ended at the end of December 2014, January and February 2015, respectively.

Program Officer, Hari Kusdaryanto. The forum concluded with an action-planning session, during which the participants agreed to conduct a study visit to South Sulawesi in September 2015 to learn from that province's OSS forums and to visit one district-level OSS that had undertaken license simplification. They also agreed to hold a thematic workshop later in the year. It was agreed that each of these activities would be funded by the PG and participating LGs.

East Java

Four OSS forums took place in East Java during the reporting period, three of which were jointly organized by PUPUK Surabaya in cooperation with the PG before PUPUK's grant ended in February 2015.

The first forum, in Malang in October 2014, was attended by 50 participants from 23 LGs (including non-Kinerja districts). The participants discussed the transfer of authority to OSS across the province, license simplification and issues regarding environment-related permits. The second forum, which was facilitated by PUPUK, took place in Banyuwangi in November 2014 and was co-hosted by the district's LG. Representatives from 17 LGs discussed the simplification of licenses, the progress of replication in each district and brainstormed potential OSS forum activities in 2015. On the last day, participants visited the Banyuwangi OSS, which had been categorized as the best-performing OSS in East Java in 2013, according to POPI results.

In January 2015, PUPUK and the PG held an OSS forum in Surabaya, where 27 participants from 11 LGs began to develop a detailed action plan for 2015, following an update from the Ministry of Home Affairs (MOHA) that it would be providing the forum with IDR 500 million to support OSS development in the province. The workshop also served as a public consultation platform to discuss the draft guidelines on license simplification and micro- and small-enterprise licensing that had been prepared by TAF partner Akademika (see the National Policy Dialogue on Service Standards section later in this chapter for details of and progress made regarding the license-simplification guidelines).

The fourth OSS forum, which was fully funded by the PG, took place in Surabaya in March 2015. It was attended by representatives of OSS and Organization Bureaus from all districts in the province and provided a platform for discussions with officials from KemenPAN-RB.

South Sulawesi

TAF grantee YAS, in collaboration with the PG, organized four OSS forums during the reporting period. The first of these took place in Makassar in November 2014 and was attended by 74 representatives from 19 LGs, as well as Kinerja COP Elke Rapp. The forum had three objectives: (1) to present and discuss the forum's activities and achievements over the previous two years; (2) to elect the OSS forum chairperson for 2014-2017, and (3) to discuss recent key issues, including the implementation of Presidential Regulation (*perpres*) No. 97 and No. 98/2014, regarding, respectively, environment-related permits and participation in the new Social Security Agency's (BPJS) health insurance program as one of the licensing requirements. The forum was opened by Irman Yasin Limpo, head of South Sulawesi's Investment Agency, who expressed the PG's commitment to continue to support the forum's activities by providing funding and facilities.

The second forum was conducted in Makassar in January 2015. The first day of the workshop was a coordination meeting among the PG and seven district-level OSS – Kota Makassar, Barru, Jeneponto, Luwu, Luwu Utara, Sinjai and Pangkajene Islands – where the mass-licensing event was originally planned to be conducted. However, the participants agreed to expand the coverage of the mass-licensing event to all 24 districts in the province (see the Business-Enabling Environment chapter for further details about the event). On the second day of the workshop, the number of participants increased to include representatives from LGs in South Sulawesi. Akademika used the event to consult them on the draft guidelines on license simplification and micro- and small-enterprise licensing.

The third forum, fully funded by the PG, took place in March 2015 and had two main agenda items: (1) to discuss the preparation of the mass-licensing event, and (2) to discuss minerals and mining licenses. The members of the OSS forum agreed to hold the mass-licensing event in each of their respective districts. With regard to the second agenda item, Law No. 23/2014 on Regional Governments stipulates that the mining sector comes under the authority of PGs. However, the South Sulawesi PG had no implementing guidelines in place to issue licenses in this sector, while LGs had been prohibited from processing applications since the end of 2014. This had confused new businesses and those that needed to renew their licenses. The PG agreed to formulate guidelines and SOPs and to disseminate them as soon as possible.

The final forum was held for representatives from the OSS in Kota Makassar in April 2015. The main agenda topic was the preparation for the planned mass-licensing day. In addition to the government officials, the forum was also attended by the event's potential partners, which included state-owned banks (Bank Mandiri, Bank Nasional Indonesia [BNI], Bank Rakyat Indonesia [BRI] and Sulselbar), the provincial office of the State Logistics Agency (Bulog), and the Mutiara Timur Small and Medium Enterprise (SME) Association. The meeting agreed on the type, amount and location of sponsorship and roles of different parties (PG, LGs, sponsors and Kinerja). The workshop was followed by a coordination meeting between key officials – district heads, mayors and regional secretaries –in Kota Makassar in late April 2015. South Sulawesi Governor Syahrul Yasin Limpo led the coordination meeting. (For further details about the mass-licensing event, please see the chapter, Business-Enabling Environment Governance).

West Kalimantan

TAF grantee Madanika supported a provincial OSS forum in October 2014, which was organized by the PG in Bengkayang. Twenty-nine representatives from 12 LGs attended the two-day workshop, which discussed three main agenda items: (1) advocacy to upgrade the authority of the OSS from office level (led by echelon-3 staff) to agency level (led by echelon-2 staff) as mandated by *Perpres* 98/2014; (2) the provision of free permits for micro and small entrepreneurs as mandated by *Perpres* 98/2014, and (3) synchronization between the PG and LGs regarding plantation permits, which in the past had often overlapped and produced misunderstandings between the two entities.

3.2.3 Replication in Cooperation with Development Partners

In cooperation with the Ministry of Home Affairs (MOHA) and the Canadian International Development Agency's (CIDA's) Basics program, Kinerja supported the provincial and district governments in Southeast Sulawesi during the first quarter of FY 2015 to implement Kinerja's school-based management (SBM) package. Kinerja facilitated two workshops in

the provincial capital Kendari, details of which are provided in the Education Governance chapter.

Kinerja also established a cooperative relationship with the European-based World Wide Web Foundation at the start of FY 2015 to evaluate public data needs and to design solutions to promote public access to government data through local government public information officials (PPID) offices. Details of the successful pilot program with the DEO in Kota Banda Aceh in November-December 2014, follow-up workshops in April 2015 to repeat the process with the city's DHO, and discussions with the provincial Aceh PPID about the possibility of replicating the program to other districts in the province are provided in Cross-Cutting Issues.

In February 2015, Kinerja attended the opening of the Web Foundation's first Open Data Lab in Jakarta, during which information was shared about the Open Government Program pilot in Kota Banda Aceh. Other attendees included ministry officials, members of the Development Partners Working Group (DPWG) and other donor agencies, as well as representatives from the Jakarta provincial government. The Jakarta-based lab, which the Web Foundation intends to be the first in a network spreading across Indonesia and Southeast Asia, is a major step toward introducing the Open Government Program to different government sectors and regions across the country.

Also relating to open data, Kinerja's Media Specialist traveled to the Philippines in March 2015 to participate in this year's RightsCon Summit. Further details about his trip are provided in the International-Level Replication Efforts section at the end of this chapter.

One of Kinerja's major undertakings in FY 2015 was in assisting KemenPAN-RB to develop a regional innovation "knowledge hub" to aid the ministry's efforts to reform Indonesia's civil service, with a specific focus on good governance and excellence in PSD. The program was carried out in cooperation with the Java Post Institute of Pro-Autonomy (JPIP), Association of Indonesian Municipalities (APEKSI), German Society for International Cooperation (GIZ) and international agency FutureGov.

The initial plan was to establish knowledge hubs in both South Sulawesi and East Java, but the program's partners decided to conduct the pilot scheme in East Java first and then expand it to other provinces thereafter.

At the start of FY 2015, Kinerja helped to design a study to frame existing initiatives to support the promotion and replication of innovation in public services. The study, which was conducted in January 2015 by a team comprising representatives from Kinerja, JPIP, GIZ and FutureGov, interviewed potential users from local government departments, potential partners from NGOs and universities, and other stakeholders such as mayors, district heads and governors. Kinerja presented the study's results to national stakeholders, including APEKSI, MOHA, KemenPAN-RB and the State Administrative Bureau (LAN), in February 2015. Based on the results of the study, FutureGov then developed a draft outline of what the knowledge hub would look like, its scope and agenda, what basic services it would cover, and its working and funding mechanisms.

By the end of March 2015, the plan was to disseminate the draft outline to all key stakeholders (East Java provincial and local governments; East Java Public Service Commission (*Komisi Pelayanan Publik* – KPP); APEKSI; Airlangga and Brawijaya universities, JPIP and relevant donors) with a view to launching the first knowledge hub in June 2015 to coincide with the national-level Public Service Symposium in Surabaya (see the Cooperation with KemenPAN-RB section later in this chapter for details about the symposium). It soon became apparent, however, that this timeline was far too ambitious and that more work needed to be done before the launch.

In Q3 of FY 2015, the hub's ongoing development process consisted of three main events: (1) a public service innovation boot camp; (2) discussion rounds or clusters on innovative practices, and (3) a knowledge market. The boot camp took place in May 2015 at Brawijaya University in

Text Box 7: BPBD adopts Kinerja complaint surveys for disaster mitigation

By way of highlighting how Kinerja's good practices can be applied to various sectors, the program entered into collaboration this year with a Padang-based NGO, the Community Empowerment and Learning Institution (LP2M), to apply the program's complaint-survey model to the field of disaster management. Kinerja conducted a TOT on complaint surveys for 25 members of a local disaster task force, comprising representatives from LP2M plus 14 other NGOs in West Sumatra and officials from West Sumatra's Disaster Management Agency (BPBD).

Following the TOT, all the participants concluded that complaint surveys would be a useful tool for obtaining civil society feedback to improve the delivery of services during three specific phases: disaster preparedness, emergency response, and rehabilitation and reconstruction. Potential complaints relating to each of the three phases were identified through a brainstorming session and draft questionnaires were prepared.

Kinerja conducted a follow-up workshop in April 2015, to identify the kinds of complaints that might be raised. Eighty percent of the workshop's 36 participants were members of the local population in Padang, while the remaining 20 percent included representatives from the BPBD, LG officials responsible for disaster mitigation and officials from SKPDs in education, health and social welfare.

With local mitigation efforts focused on earthquakes and tsunamis, the workshop finalized two questionnaires: one for people living in high-risk areas and the other for those in lower-risk areas. The questions were divided into three sections to reflect the three phases of disaster management: disaster preparedness, emergency response, and rehabilitation and reconstruction. LP2M and officials from the BPBD surveyed around 3,500 people in four of Padang's subdistricts: two high risk and two lower risk.

Two complaint indexes – one based on each survey – were produced and formed the basis of a second workshop, in June 2015. The composition of the 38 participants at this workshop was the opposite of the first, with 80 percent coming from the BPBD and LG departments and 20 percent residents from the four subdistricts surveyed. Having analyzed the complaints, the participants produced two sets of solutions: internal solutions for the BNPB, and external recommendations for the SKPDs and senior LG officials, including Padang's mayor.

The internal solutions were incorporated into the drafting of two service charters (high-risk and lower-risk areas) by Padang's disaster mitigation task force, which includes BPBD officials, community members and local NGOs. The charters were submitted to the head of the BPBD for signing in July 2015. Meanwhile, the technical recommendations were submitted by the BPBD and LP2M to the SKPDs, the Padang mayor and other senior LG officials. Looking ahead, the task force will advocate to the mayor's office for follow-ups to the technical recommendations and, after the service charters have been signed, the task force will monitor their implementation for a period of six months and then evaluate their implementation.

Malang. Its aim was to help participants better understand the needs and expectations of end users. The participants, who comprised frontline workers (SKPD officials) together with representatives from CSOs and universities, mapped processes in health and civic administration and developed new ideas on how they could be improved. On the final day, end users were invited to see the changes that had been made and give their feedback for further development.

Kinerja and GIZ then went on to jointly organize three discussion clusters across East Java, in Tulungagung (May 26-27, 2015), Surabaya (June 3-4, 2015) and Situbondo (June 10-11, 2015). The discussions provided LG representatives in attendance an opportunity to share and disseminate innovative public services with one another. Following the discussions, all the participants agreed to take the work forward by holding regular quarterly meetings, with East Java's KPP taking the lead. The final event, the knowledge market, took place on June 30, 2015, at Kinerja's sustainability workshop in Surabaya, to present all these activities to a wider audience and, in the process, attract other stakeholders to join. It also showcased progress on the hub's interactive online platform, and screened a video that had been produced at the boot camp. Due to Kinerja's limited resources beyond June 2015, it was decided that GIZ would assume overall responsibility for the hub's ongoing development.

3.2.4 Cooperation with Private Sector / CSR Funding

In FY 2014, Kinerja engaged Java Power to support public service improvements in East Java through the latter's corporate social responsibility (CSR) program. Following the initial joining of forces in FY 2014, the primary focus was on implementing Kinerja's safe delivery and I&EBF interventions at Puskesmas Paiton, a health clinic in Probolinggo that is supported by the utility firm. Tremendous progress was made during the last three quarters of FY 2014, from an initial training on complaint surveys and baseline surveys for health volunteers at the *puskesmas* through the establishment of an MSF and the conducting of a complaint survey, which led to the signing of a service charter in September 2014.

During the first quarter of FY 2015, the primary focus was on implementing the pledges made in the service charter. As a result, further improvements were made at Puskesmas Paiton in terms of service standards in patient care and offering greater transparency on treatment costs. By the end of December 2014, only two of the originally-planned 12 activities, namely campaigning for the promotion of safe delivery and I&EBF, and training pregnancy-class facilitators and health volunteers, were still to be implemented. Both of these were addressed and completed by the end of June 2015, as well as a capacity-building training that Kinerja facilitated to strengthen Puskesmas Paiton's MSF to enable it to monitor and evaluate the implementation of the service charter.

Most significantly, and in line with Kinerja's increased focus on replication during FY 2015, Java Power confirmed in the second quarter of the year that besides its continuing support of Puskesmas Paiton, it would be expanding its CSR program to fund the replication of Kinerja good practices in the form of MSFs, complaint surveys, SOPs, control cards and service charters at 11 additional *puskesmas*[15] in the district in 2015, and a further 18 in 2016.

Replication activities began during April-June 2015, when Kinerja was invited to provide a series of small-scale trainings to help improve MCH and *puskesmas* management through the development and finalization of service SOPs and control cards. The trainings were attended

[15] These 11 additional *puskesmas* first began replicating Kinerja good practices in FY 2014.

by representatives from all 11 *puskesmas* including clinic directors, midwife coordinators, midwife representatives at the village level, MSF members and officials from the Probolinggo Health Office. Following the trainings, each of the *puskesmas* implemented the SOPs and control cards.

With the DHO and Java Power planning to conduct complaint surveys at the 11 health centers in 2016, Kinerja also helped to strengthen the MSFs before the end of June 2015, and offered technical assistance on monitoring and evaluating service charters. In Q4 FY 2015, Kinerja received information from its former Provincial Coordinator for East Java that the *puskesmas*-level MSFs had begun to monitor the implementation of the service charters and that other activities were continuing to be implemented as planned.

3.3 National-Level Replication Efforts

Kinerja conducted national replication through the dissemination of good practices through the University Network for Governance Innovation (UNfGI) database, Autonomy Award programs, national-level policy dialogue and cooperation with national ministries.

In line with the program's Annual Work Plan for FY 2015, Kinerja's efforts to strengthen cooperation with national-level partners focused on three main goals during the reporting period: (1) the promotion of good practices from Kinerja interventions, (2) garnering support for replication activities from relevant ministries and departments, and (3) sharing evidence from Kinerja good practices with national-level policy formulation teams.

Below is a description of activities and achievements during FY 2015 in the several categories that constitute replication efforts at the national level.

3.3.1 National Policy Dialogue on Service Standards

Excellent progress was achieved during the reporting period in disseminating information about Kinerja's good practices and service standards to national-level partners to contribute to policy improvements in health, education and BEE.

Between October 2014 and June 2015, Kinerja program staff produced and submitted a total of five policy papers (three on health, one on education and one on MSFs in health). All three of the health papers, plus the one on MSFs, were submitted to Ministry of Health's Directorate General for Nutrition and Maternal, Newborn and Child Health (MNCH), while the education policy paper was submitted to the Ministry of Education and Culture's Directorate General for Elementary Education.

The first of the health papers, titled *Menuju Tata Kelola P4K, Pembelajaran dari Kinerja-USAID* (Toward Good Governance of the Planning and Prevention of Complications in Childbirth Program, Lessons from USAID-Kinerja) seeks to influence MNCH policies in Indonesia in order to reduce the number of maternal, neonatal and child deaths. The ministry's feedback to the paper was positive, with officials expressing an interest in utilizing a number of Kinerja's materials such as training modules and good practices in their own existing material.

Two further health-related policy papers - *Rencana Aksi Daerah Percepatan Penurunan Angka Kematian Ibu* (Regional Action Plan to Accelerate the Reduction of Maternal Mortality Rates), and *Penerapan Standar Pelayanan Minimal Bidang Kesehatan Tahun 2015-2019: Pembelajaran dari Program Kinerja-USAID* (Recommendations for the

Application of Minimum Service Standards in the Health Sector 2015-2019: Lessons Learned from the USAID-Kinerja Program) – were submitted to MOH in January 2015. The ministry acknowledged the importance of applying MSS to its own health programs and toward the end of Q2 FY 2015, MOH officials independently visited Kinerja's Round-2 district of Probolinggo, East Java, to see first-hand how Kinerja good practices were being implemented at the *puskesmas* level.

Kinerja attended a second meeting with MOH in June 2015 to further discuss the policy paper on MSS, during which MOH expressed an interest in adopting Kinerja's MSS costing tools for its National Action Plan on MCH, which will include an MSS costing template. Kinerja also provided technical assistance to the ministry after officials sought advice on determining estimated costs for integrating MSS costing into district-level annual work plans and budgets.

The final policy paper submitted to MOH this year was entitled *Multi-Stakeholder Forum (MSF): Strategi Perlibatan Masyarakat untuk Meningkatkan Kualitas Pelayanan Kesehatan di Tingkat Kabupaten/Kota dan Kecematan* (Multi-Stakeholder Forums [MSFs]: Community Engagement Strategy to Improve the Quality of Health Services at Subdistrict and District Levels), and a meeting to discuss its contents took place at the end of July 2015. As with the previous papers, the ministry's response was good; officials confirmed that they were interested in learning more about how MSFs help to improve health-care services and that they would inform Kinerja if they planned to visit any of the program's districts to do so.

Although the ministry was fairly non-committal regarding the field trips, it was during the July meeting that MOH officials invited Kinerja to attend its upcoming quarterly donor coordination meeting in August 2015. The invitation was a significant gesture and a clear indication to Kinerja that MOH staff had come to appreciate the program's knowledge and expertise in the health sector since the program submitted its first policy paper to the ministry in October 2014.

At the donor coordination meeting on August 3, 2015, the ministry emphasized that all donors should align their programs with the targets and agenda of Indonesia's National Medium-Term Development Plan (RPJMN) 2015-2019, and invited all those present to its Mid-Term Evaluation meeting in Palembang, South Sumatra, later in the month. Kinerja's Public Service Standard Specialist represented the program at the Palembang meeting with a DHO official from Kinerja's Round-2 district Jember in East Java. Together, they presented Kinerja's good practice of integrating MSS into the district's health budget and provided information on how to monitor and evaluate budgets in order to determine the extent to which local activities contribute to the fulfillment of MSS in health. Significantly, Kinerja's presentation was one of only four good practices chosen by MOH for inclusion at the evaluation meeting.

Also in August 2015, Kinerja's Deputy Chief of Party– together with a number of LG representatives from Kinerja's four districts in Papua - attended the annual Indonesia Health Policy Forum (*Forum Kebijakan Kesehatan Indonesia* – FKKI) in Padang, West Sumatra, which this year included discussions on Indonesia's progress toward meeting the Millennium Development Goals and Indonesia's National Health Insurance (JKN) program. The DCOP gave two presentations during the four-day meeting: the first was on the Health Workers' Absenteeism Study from Papua and its relation to access to universal health coverage, and the second was on Aceh Singkil's TBA-midwife partnership program. (Further details about the Health Workers' Absenteeism Study and the discussion at the KKI Forum are provided in

Part B of this report, in the Innovations and Incentives chapter of the Kinerja Papua Annual Report FY 2015).

As part of the close working relationship that Kinerja has developed with MOH this year, discussions took place on the joint development of the MCH Dashboard - an electronic version of the *kantung persalinan* information system that has been implemented by a large number of Kinerja-supported *puskesmas* to safeguard the well-being of pregnant women and their babies. The dashboard's development entered its final stages in Q4 of FY 2015 and MOH officials have made a verbal commitment to implement it widely in its own programs. The finer details, such as an implementation timeline and Kinerja's role in the implementation, still have to be determined.

As mentioned above, apart from the four policy papers that Kinerja submitted to MOH, the program also submitted a policy paper to the Ministry of Education and Culture (MOEC), entitled *Pelayanan Publik Sektor Pendidikan: Tata Kelola DGP, BOSP & MBS* (Public Services in the Education Sector: Governance in PTD, BOSP & SBM). A follow-up meeting took place to discuss the paper with the Directorate General for Elementary Education in July 2015. The MOEC responded well to the recommendations made in the policy paper and said it would look to incorporate some of them into its own programming.

Text Box 8: Third RTI study published - on social accountability

In addition to the five policy papers produced by Kinerja's technical team this year, the program also presented to national and development partners the findings of an RTI study into social accountability (SA). Entitled *Social Accountability in Frontline Service Delivery: Citizen Empowerment and State Response in Four Indonesian Districts*, the study, which was conducted in two districts in Aceh and two districts in West Kalimantan, set out to gain a better understanding of "the contexts and political processes through which accountability is negotiated" in order to determine "the best fit between SA tools and local circumstances". Drawing on Kinerja's unique approach in working with both supply- and demand-side entities, and highlighting the impressive achievements gained since the start of the program, the study put forward six recommendations, as follows:

- Use contextual data as a guide, but be prepared for unexpected outcomes;
- Demonstrate the utility of citizen engagement through collaboration on shared problems to increase provider responsiveness;
- Leverage civil service/administrative reforms to provide institutional incentives and sanctions for provider responsiveness;
- Ensure that invited spaces directly engage providers with citizens;
- Go beyond enumerating progress on SA tools' implementation as a gauge of sustainability;
- Seek out contexts where SA tools are novel and address pressing needs to promote sustainability.

Kinerja presented the results of RTI's study in February 2015 to the Bappenas, the Australian Department of Foreign Affairs and Trade (DFAT) and USAID to assist in their own program design and development.

Kinerja submitted the policy paper after being invited to attend a National Education Symposium that was organized by the MOEC, in collaboration with the Civil Society Coalition for the Transformation of Education (KMSTP) supported by ProREP-USAID. The symposium was opened by the Minister of Education and Culture, Anies Baswedan, who highlighted the importance of involving civil society when drafting education policies. The event resulted in a number of recommendations being put forward on issues such as access to and the affordability of education, as well as the quality of the national curriculum and PTD. Among other senior government officials, education campaigners and CSOs, the Deputy District Head of Luwu Utara, *Ibu* Indah Putri, attended the symposium, where she shared her experience of good-practice implementation through working on PTD with Kinerja.

Kinerja supported field visits in May 2015 for *Pak* Rudy Prawinadirata, the National Development Planning Agency's (Bappenas) Director for Poverty Reduction, to two of its former treatment districts in South Sulawesi: Barru and Luwu Utara (see Text Box 3 in the Education Governance chapter for more details about the visit to Barru). The visits were a great success and led to Bappenas organizing a two-day workshop in June 2015 entitled "LG and Civil Society Organization (CSO) Collaboration to Improve Access to and the Quality of Services in the Frame of Poverty Alleviation". Kinerja supported the workshop with two resource persons: the deputy district head of Luwu Utara and the head of the DEO in Bener Meriah, both of whom recounted their experiences of collaborating with Kinerja to improve the governance of education services in PTD and SBM, respectively.

Also with regard to education, DFAT invited Kinerja to attend a workshop at MOEC on August 25, 2015, entitled "Improving Indonesian Education through Innovations in Teacher Management and Community Participation". The workshop presented findings from a study carried out by the National Team for the Acceleration of Poverty Reduction (*Tim Nasional Percepatan Penanggulangan Kemiskinan* – TNP2K), which recommended the involvement of civil society to provide oversight to improve teacher management and education services.

To support the national government's priorities in business-licensing reform to enhance the country's investment climate, TAF engaged this year with Bekasi-based NGO Akademika, through a grant signed in November 2014. Akademika was originally mandated to (1) formulate guidelines for license simplification, learning from the experience of Kinerja's BEE innovation and replication activities; (2) document Kinerja's good practices in BEE, and (3) finalize and print a revised OSS TOT module. Following a request by the Ministry of Home Affairs (MOHA) in February 2015, Akademika's scope of work was expanded to include a fourth element: the development of technical guidelines for the implementation of micro- and small-enterprise licenses.

License Simplification

Minister of Home Affairs Circular No. 500/5961/SJ instructs comprehensive implementation of OSS through the establishment of OSS, transferring licensing authority to the OSS, the formulation and implementation of an SOP for each permit, and license simplification. However, there are no national guidelines for simplification of various types of business licenses.

Akademika launched activities on license simplification by holding a brainstorming workshop in Jakarta in November 2014 with representatives from government, the private sector, NGOs and TAF. The participants concluded that several types of simplification could be carried out by OSS that would reduce the burden on the private sector, such as reducing official time and costs – including illegal charges – as well as the administrative load on the OSS, through merging different types of licenses into one.

Akademika developed the national guidelines for license simplification by reviewing the reports of TAF's four local NGO partners and discussing the draft with various stakeholders. The guidelines were finalized by the end of June 2015. As of the end of September 2015, TAF was still endeavoring to meet with the head of the Investment Coordination Board (BKPM) to discuss the guidelines, as well as presenting them to the Office of the President's Staff, which is responsible for coordinating and monitoring the implementation of the President's 100 priority programs, one of which is license simplification.

Good Practice Documentation

Akademika mobilized three researchers to Kinerja Core's four provinces in January-February 2015 to collect information on OSS development at the district and provincial levels, mainly through interviews with relevant stakeholders. The draft report, based on the guidance of the UNPSA and Kinerja good practices, was finalized at the end of June 2015.

The report identified several key strategic aspects of OSS development, including the importance of selecting the "right person" to lead an OSS – particularly during its early development - and that provincial OSS forums are an effective mechanism to promote inter-district learning.

In addition to the strategic aspects, the report also identified good practices in technical aspects of OSS development. These include the establishment of effective OSS technical teams; the formulation of good SOPs and service standards, human resource management and development of the OSS; the development and establishment of good relationships with external parties; promoting the importance of licensing to informal businesses; engagement with the community in OSS management; obtaining feedback from OSS users, and the utilization of information technology in OSS services.

The report also recorded the perceptions of OSS users - the private sector. Most of them appreciate the establishment of OSS, in that it makes it easier for them to obtain business licenses. The services are considered cheaper and faster, and the facilities are more convenient. Although some of them are still using middlemen to obtain and extend their licenses, many of them now organize their licenses directly, since the establishment of OSS. In terms of the benefits of licensing, some of the businesspeople interviewed see it simply as fulfilling the government requirement to increase business certainty. Others have a higher motivation, such as to obtain credit from formal institutions and develop their markets and business partners.

Finalization of OSS TOT Module

TAF and its local Kinerja partners, in collaboration with MOHA's Training and Education Agency (Badan Diklat), developed a module for an OSS TOT in 2013. The module was used to deliver a series of OSS TOTs in each of Kinerja's provinces. TAF requested Akademika to revise the module to incorporate recent regulations, such as Presidential Regulations (*Perpres*) No. 97/2014 and No. 98/2014 and MOHA Regulation (*Permendagri*) No. 83/2014. Akademika produced an initial draft in December 2014.

Akademika hosted a meeting to discuss the final draft of the module with representatives from Badan Diklat and Bangda in Jakarta in June 2015. Feedback was provided by the participants and incorporated by Akademika into the finalization process. The module is split into two documents: (1) general guidelines for TOT implementation, and (2) the TOT modules. The module will be issued as a formal product of Badan Diklat. In addition, Akademika also assisted Badan Diklat in revising the module for OSS training for OSS staff and technical team members and reading materials on OSS development for senior officials.

Technical Guidelines for Micro and Small Enterprise Licensing

Bangda is mandated to coordinate the implementation of *Perpres* No. 98/2014 on Licenses for Micro and Small Enterprises (IUMK). They developed general guidelines that were issued through a *Permendagri* (No. 83/2014). The spirit of the *Perpres* and *Permendagri* is to

provide micro and small enterprises with a one-page license, free of charge, within one day at the subdistrict level. Based on a request by MOHA, Akademika developed technical guidelines that can be used by LGs to issue IUMKs. The key aspects of the technical guidelines include the criteria and eligibility of recipients of IUMKs, budget and infrastructure to provide the licenses, institutional division of tasks and responsibilities, monitoring and evaluation, and forms and templates.

Following a series of sub-national workshops conducted in Kinerja Core's four provinces in Q2 FY 2015, Akademika incorporated the feedback obtained and held a workshop with officials from various directorates general within MOHA, the Ministry for SMEs and Cooperatives, the BKPM, and the Ministry of Trade in Jakarta in April 2015. The workshop's discussion focused particularly on aligning the guidelines with the piloting of IUMK provision, led by the Ministry for SMEs and Cooperatives. Based on the results of the workshop, Akademika finalized the guidelines. Bangda issued a letter to all governors, mayors and district heads in May 2015, which includes coverage of IUMKs as defined in the guidelines. The guidelines have already been used as the main reference of dissemination for IUMK provision conducted by the Coordinating Ministry for the Economy in several provinces. One of these events was conducted in Bandung in May 2015, which was attended by TAF consultant Irvan Suhendra.

3.3.2 LAN Cooperation

Kinerja continued to work during the reporting period with the State Administrative Bureau (LAN), which encompasses the national training center for government staff, to achieve wider replication of its programs. LAN began a process of revising its curriculum and training guidelines in FY 2014 with the aim of changing its overall training strategy from a simple recitation of rules and regulations to Kinerja's more practical approach, to better enable LG staff to improve public services.

During the first two quarters of FY 2015, Kinerja continued to assist LAN with the revision of its Head of the State Administrative Bureau Regulation (PerKa LAN) No. 10/2011 on Guidelines for the Implementation of Public Service Training, which outlines LAN's curriculum. The focus of Kinerja's efforts was to make LAN's training sessions more practical and relevant by incorporating case studies from Kinerja districts, introducing aspects of a more competency-based curriculum, and developing different training packages for various target groups, including management and frontline service.

Between January and March 2015, Kinerja and LAN held five focus group discussions (FGDs) on a number of topics and agreement was reached in a number of areas, including the substance of the proposed amendments to the regulation, and creating an entirely new paradigm - comprising 13 points - with which to improve LAN's training curriculum to make it more practical and efficient. The final draft of the amended PerKa LAN regulation was approved in March 2015 by the bureau's deputy head of training, and then sent to LAN's Legal Office for review. After a slight delay, the revised regulation – PerKa LAN No. 28/2015 – was signed by the Head of LAN in September 2015.

After signing, the original plan was for Kinerja to conduct a TOT for provincial- and national-level Master Trainers in the new curriculum. However, given the delay in signing, coming just ahead of the start of Kinerja's planned cost extension (CE) in Papua, the TOT has been postponed and will now take place in Q3 of FY 2016. (For further details about

transition and preparation activities for the Papua CE during July-September 2015, please see Part B of this report: Kinerja Papua Annual Report FY 2015).

3.3.3 Cooperation with KemenPAN-RB

Apart from Kinerja's cooperation with KemenPAN-RB and other development partners on developing the innovation knowledge hub, as detailed earlier in this chapter, continuing efforts went into the development and formulation of national policy regarding public-service innovation. During the first quarter of FY 2015, Kinerja participated in several FGDs, organized by KemenPAN-RB, which resulted in the enactment of PAN-RB Ministerial Regulation No. 30/2014 on Guidelines for Public-Service Innovation.

Kinerja also supported KemenPAN-RB's nominations for the prestigious United Nations Public Service Awards (UNPSA) for the second year in a row. For this year's awards, a total of five nominations were submitted: Three were updated nominations of Kinerja partner districts Aceh Singkil, Barru and Luwu Utara, which had advanced to the final round of the 2014 UNPSA for their respective achievements in improving business licensing, fostering TBA-midwife partnerships and proportional teacher distribution, plus nominations for Bondowoso and Bener Meriah for their achievements in adolescent reproductive health and school-based management, respectively.

Text Box 9: U.S. Embassy heralds Aceh Singkil's 2015 UNPSA win

In order to mark Aceh Singkil's historic achievement of becoming one of the first two districts in Indonesia ever to win a UNPSA, the U.S. Embassy invited a delegation from the district to discuss the TBA-midwife partnership program at a celebratory event at the embassy's cultural center, @america, in Jakarta on June 3, 2015.

The event, which was organized by USAID-Kinerja, consisted of three elements: a photographic exhibition, a screening of USAID-Kinerja about the program and a talk show, hosted by Kinerja Deputy Chief of Party Marcia Soumokil.

The talk show participants comprised some of the key stakeholders in the program, including Aceh Singkil District Head and DHO Head, together with a midwife, a TBA, a village head, and the head of one of the district's *puskesmas*-level MSFs.

During his opening remarks, USAID Mission Director praised the innovative partnerships, while the Head of Aceh's Provincial Health Office, announced that the PG planned to adopt and replicate similar TBA-midwife partnerships across the province.

With TBA-midwife partnerships replicated to a further 29 villages in Aceh Singkil in FY 2015 – as part of a longer-term plan to expand it throughout the entire district – it is hoped that the international recognition of the program's effectiveness in reducing maternal and infant mortality will inspire local governments in other Indonesian districts and provinces to adopt similar measures.

Of the five districts, only Aceh Singkil made it to the final round once again and then in May 2015, the UN announced that it had been selected as second-place winner in the Improving the Delivery of Public Services category for its success in "Fostering Partnerships between Traditional Birth Attendants and Midwives to Reduce Maternal and Infant Mortality".

A delegation from Indonesia, which included District Head and DHO Head, traveled to Medellín, Colombia, to attend the UN's four-day Public Service Forum and Award Ceremony on June 23-26, 2015. (Details about the forum and award ceremony can be found at the end of this chapter).

Also in June 2015, KemenPAN-RB invited Kinerja to host a booth at the national-level Public Service Symposium in Surabaya. Jointly organized by KemenPAN-RB and the East

Java Governor, the symposium provided districts the opportunity to showcase their achievements, and discuss how central and provincial governments can ensure sustainability and the replication of good practices. Nearly 500 people visited Kinerja's booth during the three-day event, allowing the program to widely disseminate information about its reform packages and good practices for the improvement of services in the health, education and business sectors.

Many visitors were disappointed to hear that Kinerja Core was due to terminate its district-level activities at the end of June 2015, but this provided Kinerja staff the perfect opportunity to promote the program's recently-completed technical modules, and around 60 digital copies of all 17 modules were distributed. The symposium also provided an opportunity for Kinerja to meet LG representatives from West Papua and officials from the Indonesian Ombudsman, who were keen to explore the possibility of future cooperation, given Kinerja's CE in Papua.

Aceh Singkil's Health Office was also offered a booth at the symposium, where DHO Head was approached by representatives from several provinces, including West Sumatra and West Papua, who expressed an interest in replicating Kinerja's TBA-midwife partnerships in their own districts. It is hoped that in the months to come, *the DHO Head* will share with officials from other PGs his own experience and lessons learned from implementing the program in Aceh.

In light of Aceh Singkil's win at the 2015 UNPSA, plus the overall success of the five nominations that Kinerja had supported in 2014 and 2015, KemenPAN-RB invited Kinerja to join a workshop it organized on August 27-28, 2015, to offer advice on developing UNPSA applications to a host of districts from across the country. Representatives from the top nine innovative districts in 2014 and the top 40 in 2015 attended the workshop, where Kinerja's former Provincial Coordinator for East Java gave a presentation outlining the steps Kinerja had gone through when supporting KemenPAN-RB's nominations. She also presented the lessons Kinerja had learned when developing Aceh Singkil's two consecutive applications, as well as reviewing and highlighting the strengths and weaknesses in the draft applications that some of the top 40 innovators had developed for the 2016 UNPSA.

With regard to BEE, TAF Program Officer represented Kinerja at a donor coordination meeting on public service reform led by KemenPAN-RB's Deputy Minister for Public Services, in March 2015. Among other things, she explained the ministry's plan to evaluate OSS implementation. Given TAF's experience in conducting similar activities through Kinerja's BEE component and other programs, KemenPAN-RB asked it to share Kinerja's Provincial OSS Performance Index instrument and lessons learned from its previous OSS monitoring and evaluations. By way of follow-up to this meeting, the TAF Program Officer delivered a presentation to key officials under the Deputy Minister in the first week of April 2015, and was involved in OSS evaluation tool development meetings in April and June 2015.

TAF and its local partner in East Java, PUPUK, also assisted KemenPAN-RB to arrange a one-day workshop in Surabaya, with government officials from provincial and all district-level OSS and heads of Organization Bureaus, in March 2015. The LG representatives expressed their concerns about different policies and instructions issued by the BKPM and MOHA on OSS and the main challenge in establishing and operating the OSS: namely, resistance by technical departments in transferring their licensing authorities to the OSS.

3.3.4 IO Capacity Development

Throughout Kinerja Core's five years in operation, the program conducted a considerable amount of capacity development for its partner IOs and CSOs, including orientation workshops and in-depth technical and administrative/financial briefings and trainings. The workshops were intended to provide technical guidance on the tools and methodologies used to implement Kinerja packages as well as support the organizations to develop detailed work plans. They also introduced Kinerja's activity-reporting system and familiarized participants with the indicators they had to help to achieve.

The capacity-building workshops were conducted by Kinerja's Capacity Development Task Force (CDTF), which was organized through the program's East Java Regional Office through to its closure in June 2015. Between October 2014 and June 2015, the CDTF held several trainings – specifically in the first and third quarters – for IOs/CSOs in the program's partner provinces.

As a result of the trainings in Q1 FY 2015, three organizations developed products or services: YKP produced a book providing information on reproductive health; LPS-AIR, a Pontianak-based research institute, produced a study titled *Lessons Learned Pendampingan Aktivitas: Peningkatan Peran Media dalam Advokasi Perbaikan Kualitas Pelayanan Publik Berbasis Standar dan Responsif Gender* (Lessons Learned from Mentoring Activities: Enhancing the Role of the Media in Advocating for Improved Quality Gender-Responsive and Standards-Based Services), and Cordial produced a guide for implementing SBM replication in schools in Barru, South Sulawesi.

Following a further two trainings entitled Writing the Winning Proposal in April 2015 (South Sulawesi) and May 2015 (Aceh 2015), a number of the 14 CSOs that attended developed their own funding proposals, and a few began to bid on development projects funded by donors such as USAID and the Australian Department for Foreign Affairs and Trade (DFAT). In addition to the CDTF trainings, Kinerja also accomplished great success this year in documenting a variety of good practices in different forms.

During October-December 2014, Kinerja's technical team finalized eight remaining modules detailing eight Kinerja good practices on governance, administration and MSS, bringing the total number of technical modules to 17 containing 23 good practices (see Annex A-5). All 17 modules are available on the Kinerja website. They have also been disseminated to LAN offices nationwide and distributed either during or after key events, such as Kinerja's consolidation workshops in December 2014 (see the Program Management chapter for details) and, as mentioned above, at the Public Service Symposium in Surabaya in June 2015. Later in FY 2015, key sections of eight of the modules (covering health, education and MSS) were translated into English, to make them more accessible to a wider audience; as of the end of September 2015, they were in the process of being finalized.

Kinerja staff also completed work on documenting 17 good practices - 12 in health and five in education (see Annex A-6) - and uploaded them onto the website. They are currently only available in Bahasa Indonesia but, as with the program's technical modules, Kinerja may look into the possibility of having them translated into English at some point in the future.

Besides the written documentation of its good practices, Kinerja also produced a new film during the year to highlight its citizen journalism program. The 10-minute film, which was shot in Bengkayang in May 2015, offers a step-by-step guide for other organizations and

interested parties on how to establish such a program and what is needed to make it successful. Once final edits and post-production was completed, the film was uploaded onto Kinerja's website and YouTube channel. Copies of the film were also distributed to all of Kinerja's former media IOs, and distributed at the Good Practice Seminar in Kota Jayapura, Papua, in September 2015. (For more information about the seminar, please see the Replication chapter in the Kinerja Papua Annual Report FY 2015).

3.3.5 JPIP/FIPO/PP Pro-Autonomy Awards

Prior to the completion of JPIP's NCE at the end of January 2015, Kinerja had enjoyed a lengthy and fruitful collaboration with the pro-autonomy institute in East Java, as well as its sister program in South Sulawesi run by the Fajar Institute of Pro-Autonomy (FIPO) and the Pontianak Post Institute of Pro-Autonomy (PPIP) in West Kalimantan, which fed into Kinerja's own replication efforts. Kinerja was, and remains, a staunch supporter of the three institutes' research efforts and ongoing work in recognizing top-performing district administrations.

Text Box 10: Pro-autonomy featured in four new books in FY 2015

In addition to Autonomy Award ceremonies being carried in East Java, South Sulawesi and West Kalimantan, JPIP, FIPO and PPIP published a total of four books this year.

Two of the books, produced by FIPO and PPIP, presented findings and results from award-winning districts in South Sulawesi and West Kalimantan, respectively:

- *Refleksi 5 Tahun Otonomi Awards: Hasil Monitoring and Evaluasi Kinerja Kabupaten/Kota di Sulawesi Selatan 2013* (Reflections on 5 Years of Autonomy Awards: Monitoring and Evaluation Results of Performance among Districts/Cities in South Sulawesi 2013);
- *Mengapresiasi Inovasi: Sembilan Terobosan Kabupaten/Kota Peraih Otonomi Awards 2013 di Kalimantan Barat* (Appreciating Innovation: Nine Breakthrough District/City Recipients of Autonomy Awards 2013 in West Kalimantan).

The two other books published this year were produced by JPIP. The first of these, entitled *Meramu Otonomi Awards* (Gathering Autonomy Awards), offers a step-by-step, in-depth guide on how to establish and implement an autonomy award program. Drawing upon its own experience, JPIP explains the various steps involved, from setting up an assessment institution through to the award stage, including key procedural aspects and all the small but vital elements along the way such as researchers being prohibited from accepting gratuities from districts under assessment. In the book, JPIP stresses the importance of independence, pointing out that it cooperates with provincial governments, donor organizations, companies and the central government, but not with district governments.

The second, entitled *Media dan Pelayanan Publik: Cara Media Memperbaiki Pelayanan Publik di Jawa Timur* (Media and Public Services: The Way Media Improves Public Services in East Java), offers several practical examples of how the media can be a powerful tool for advocacy. Whatever the type of media, whether mainstream or social, the book argues media outlets have an important role to play in promoting service improvements if they gain and maintain the public's trust.

During the first quarter of FY 2015, each of the institutes held award ceremonies in their provinces. In East Java, the JPIP Awards took place in Surabaya on November 26, 2014. It was attended by East Java Governor Soekarwo, former minister for state-owned enterprises and JPIP founder, JPIP Director, several cabinet ministers and a number of district heads and mayors from across the province. Representatives from Kinerja, USAID and US Consul General Joaquin Mosserate helped to present the awards. Kinerja's partner district, Probolinggo, won an award for transparency and public participation for a program that was initially implemented by another USAID-funded organization, the Local Governance Support Program (LGSP), but consolidated and further intensified through Kinerja.

In South Sulawesi, the FIPO Awards were presented in Makassar on October 15, 2014. Two of Kinerja's partner districts won three awards for interventions in each of its program sectors. Luwu Utara won two awards: one for education service delivery (PTD) and the other

for most-inspiring program (*puskesmas* reform), while Barru was recognized in the category of OSS/BEE service delivery (*IMB gratis bagi masyarakat miskin* – free building permits for the poor).

In West Kalimantan, the PPIP Awards were presented in Pontianak on December 18, 2014. Representatives from Kinerja and USAID helped to hand out the awards, although Kinerja districts were not among the winners. However, earlier in the day, USAID gave the opening speech at the Autonomy Awards national seminar, which was attended by several senior members of the central government as well as West Kalimatan PG Assistant Sumarno, Bojonegoro District Head Suyoto, JPIP Director and PPIP Director. Kinerja COP was one of the speakers during the seminar's second session, addressing the forum on educational issues within the frame of regional autonomy.

Also in October-December 2014, Kinerja contracted the JPIP to conduct a study on the sustainability of good practices. The study, entitled *Study on Sustainable Innovations and Good Practices of District/City Governments Winning Autonomy Awards in East Java (2004-2013*), assessed the sustainability of good practices in districts that had received awards over the last 12 years through the JPIP. Findings showed that the Autonomy Awards inspired positive competition among LGs to improve their performance, and that any improvements made were further consolidated if and when an award was received. Drivers of reform were in the first place district leaders but often, the study found, reform was also driven by an administration or a combination of district head, administration and civil society efforts. Surprisingly, the study found that DPRDs had not been drivers of reform in any of the districts assessed.

The sustainability study was initially distributed to national and international stakeholders throughout Kinerja's network, as well as uploaded onto the Kinerja website. Kinerja also disseminated the results of the study to its development partners in the DPWG, including the United Nations Development Program (UNDP), CIDA, the Korean Embassy, the Asian Development Bank (ADB) and GIZ. The response from the development partners was positive, with several of them remarking on how useful the study would be for their own efforts, while others gave their verbal commitment to supporting the development of good practices – significantly, at the district level.

After completing its grant, the JPIP included in its final report a positive account of the progress made at the LG level across the country as a result of the Pro-Autonomy program, citing the increasing willingness among both local and provincial governments to allow the institutes to monitor and evaluate them in order to improve the provision of services to their respective communities. The JPIP also expressed its appreciation for Kinerja, explaining that the program's ongoing support had helped all three institutes to become trusted and credible organizations in the eyes of the governments it assessed.

3.4 International-Level Replication Efforts

With its five years of operational experience behind it, FY 2015 was the year that saw Kinerja's profile raised to the international level. Senior managers and technical specialists found themselves in high demand, providing them with the opportunity to disseminate information about the program's approach, achievements and good practices to audiences outside Indonesia.

During the first quarter of FY 2015, Kinerja staff attended the following five events:

- Kinerja facilitated KemenPAN-RB to prepare and conduct an event with the Organization for Economic Cooperation and Development (OECD) in Paris in November 2014, along with representatives from South Africa, Portugal and Thailand, to discuss their experience in establishing a regional knowledge hub to expand innovations in public service delivery;

- Kinerja DCOP Marcia Soumokil participated in a USAID-UNDP gender workshop in November 2014. Kinerja presented its approach and experience in three of its programs: the Early Marriage program, Loving Father program and Gender-Based Violence.

- Kinerja COP attended the 19th OECD Development Assistance Committee (DAC) Meeting in Paris on November 4-6, 2014, where she gave a presentation titled Kinerja Approach and Achievements;

- The Kinerja COP also attended a second OECD event, titled Innovating the Public Sector: From Ideas to Impact, in Paris on November 12-13, 2014. At this event, she shared experience from JPIP's sustainability study, presented Kinerja's governance approach and discussed the possibility of including its 2014 UNPSA finalists' good practices on the OECD's Observatory of Public Service Innovation (OPSI) database;

- The head of the DHO in former Kinerja partner district Aceh Singkil, presented Kinerja's health program as a member of a KemenPAN-RB mission at the Association of Southeast Asian Nations' (ASEAN) Republic of Korea Commemorative Summit in Busan, Korea, on December 10-12, 2014.

The OECD responded positively in discussions about its OPSI database and, by the end of June 2015, it had reviewed and accepted each of the documented innovations – from Aceh Singkil (TBA-midwife partnerships), Barru (OSS) and Luwu Utara (PTD) - that Kinerja had submitted, and all three were uploaded onto OPSI for access by a worldwide audience.

As mentioned earlier in this chapter, Kinerja's Media Specialist traveled to the Philippines in March 2015 to attend the annual RightsCon summit, which this year had the theme *Defending and Extending Digital Rights in Southeast Asia*. The summit was attended by over 600 people from more than 50 countries. Kinerja presented a session organized by the World Wide Web Foundation entitled "A Right to Data? Legal and Practical Challenges at the Intersection of Freedom of Information and Open Data".

The discussion explored the link between freedom of information (FOI) and open data. Drawing on lessons from recently concluded research on the emerging impacts of open data in developing countries, the audience-led session addressed the challenges of not only ensuring that governments make information available, but also ensuring that civil society has access to it and is able to utilize the information in practical ways. The discussion proved stimulating and a number of audience members asked questions concerning the relationship between civil society and the government regarding open data and FOI, and how CSOs could be encouraged to play a more active role in accessing data from government and other state institutions.

Toward the end of June 2015, Kinerja COP and the program's AOR from USAID, accompanied the Aceh Singkil/Indonesia delegation, led by KemenPAN-RB, to Medellín, Colombia to attend the 2015 UNPSA Forum and Award Ceremony. Aceh Singkil, like all the

other UNPSA winners, was given a booth at the forum, allowing DHO Head Edy Widodo and other members of the delegation to share information about the TBA-midwife partnership program as well as Kinerja's other good practices to LG representatives and visitors from around the world.

In July 2015, Kinerja's Technical Specialist for Health was invited to give a presentation on TBA-midwife partnerships at the Global Maternal and Neonatal Health Conference, which is being jointly organized by USAID and Save the Children, in Mexico City in October 2015.

In August 2015, Kinerja's COP attended a three-day seminar at the headquarters of the Asian Development Bank (ADB) in Manila. Entitled *External Support for Decentralization Reforms and Local Governance Systems in the Asia-Pacific: Better Performance, Higher Impact?*, the seminar, which was organized by the ADB and the Development Partners Working Group on Local Governance and Decentralization (DeLoG), aimed to (1) provide a venue for a structured exchange of information and good practice, and (2) bring together experts, resource persons, advisers and practitioners to share relevant inputs.

The COP participated in two sessions: the ADB conference on ADB/GIZ/FutureGov Forum on Innovations in Public Services – Doing Things Differently, and External Support for Decentralization Reforms and Local Governance Systems. While there, the COP also gave a presentation about the Kinerja program to the ADB's Director of Social Development, Governance and Gender, Bart Edes, and members of his team, which was received with great interest.

RTI's Jana Hertz was also in attendance at the ADB/DeLoG seminar, where she presented the institute's Social Accountability study (see Text Box 8 above).

4. Project Management

The original timeline for the Kinerja project was September 30, 2010 to February 28, 2015. In October 2014, USAID approved a no-cost extension through until September 30, 2015. A costed extension was granted in July 2015 for Kinerja Papua from September 30, 2015 through to March 29, 2017.

In line with the end of Kinerja Core's programmatic activities in Aceh, East Java, South Sulawesi and West Kalimantan at the end of June 30, 2015, 12 field staff contracts were terminated at that time. In Q4 FY 2015, 11 technical, administrative and finance staff renewed their contracts to continue working during the Kinerja Papua extension.

Overall, for both Kinerja Core and Kinerja Papua, by the end of September 2015 a total of 23 staff contracts had been terminated, namely 19 staff based at the National Office and in the provinces, and four staff in Papua. Eleven new staff were recruited for the Papua CE, bringing the total number of staff that will work during the CE period to 38. Ten of those will be based at the National Office and 28 will be based in Papua (18 at the provincial level and 10 at the district level).

4.1 Third- and Fourth-Round Grants

Kinerja aims to ensure sustainable change by developing local capacity to implement the program's innovation packages. It does this by implementing programs through local CSOs. In FY 2015, a total of 25 grants were provided to IOs for education (5), health (6), BEE (5),

Media (5) and Governance (4). By the end of June 2015, 20 of these IOs had completed their grants. Four of the five remaining grants were closed by the end of September 2015, leaving just one grantee unclosed, as the project awaits its final cost share report.

From the beginning of the project through June 30, 2015, a total of 64 grant agreements were implemented (for details, see Annex A-4).

4.1.1 Sub-awardees

Three out of five sub-awardees remained open as of the end of September 2015: Social Impact, SMERU and TAF. SMERU completed its activities at the end of March 2015 and is in the process of invoicing and expenditure finalization. TAF was granted an NCE to the end of June 2015, while Social Impact's NCE was extended to the end of August 2015. It is expected that all sub-awards will be closed in the next quarter.

4.2 Cost Share

The overall cost share commitment for Kinerja was originally 17 percent of contract value or 15 percent of total program costs. In March 2012, Kinerja received additional funding to implement the Papua program. In early March 2015, Kinerja requested cost-share relief from USAID of $1,950,000, after two consultants with extensive experience of USAID's policy on cost share identified high-risk cost share in December 2014. The request was granted by USAID in mid-March 2015, reducing the program's new total cost share commitments 12% of contract value and 10.1% of program costs). The cost share commitment has been overachieved by 168.58 percent.

Although cost share is not required as part of the Papua cost extension, we will encourage CSOs to report cost share in the future as a buy-in to their ownership of the Kinerja program's approaches. It is also hoped that this will promote sustainability after the Kinerja program closes in March 2017, as well as preparing the local CSOs to apply for direct funding from USAID and be able to report cost share as part of the requirements.

4.3 Inventory Management

The Inventory List for Disposition was compiled and submitted to USAID on June 17, 2015. Following the closure of Kinerja's provincial offices in Aceh, East Java, South Sulawesi and West Kalimantan on June 30, 2015, the program temporarily relocated inventory items to previously-proposed recipients. These will be properly disposed of when USAID approval is received.

Kinerja will not be transferring assets related to its Core program to Papua, due to exorbitant transportation costs in relation to their depreciated value based on their age.

All assets located in Papua are being used for the Papua CE.

4.4 Consolidation Workshops

At the end of December 2014, Kinerja conducted consolidation workshops in all 20 treatment districts. During the workshops, achievements were shared, appreciation was extended to the commitment shown by LGs, IOs and staff, and government budget allocations were confirmed. Kinerja's workstations in the 20 districts and its West Kalimantan Provincial Office were also closed.

4.5 Sustainability Workshops

Towards the end of June 2015, Kinerja conducted sustainability workshops in South Sulawesi and East Java just before the closure of Kinerja's provincial and district-level activities.

The workshop in South Sulawesi, which took place in Kota Makassar on June 26, 2015, was attended by around 120 people, including MSF members and LG representatives from most of Kinerja's treatment and replication districts in the province. A number of senior government officials also attended, such as the deputy mayor of Luwu Utara, the head of the DEO in Barru and the head of the DHO in Kota Makassar. The atmosphere at the event, although understandably bittersweet, was overwhelmingly positive and the high degree of buy-in for Kinerja's innovations among those present offered not only a sense of achievement for the program but also a fairly safe guarantee that its good practices will be sustained into the months and years to come.

In East Java, more than 160 LG, MSF and IO representatives gathered together to attend Kinerja's sustainability workshop in Surabaya on June 30, 2015. In a tremendous show of support for the program and the impact it has had over the past five years, representatives from 34 of the province's 38 districts attended, including district heads from Bondowoso and Pacitan together with the Kota Probolinggo mayor. Kinerja's former AOR from USAID, Luthfi Ashari, also attended along with representatives from the U.S. Consulate General in Surabaya.

Due in part to a last-minute date change but also clashing with a provincial planning meeting involving PHO, DHO and MOH officials, the sustainability workshop planned for Aceh did not go ahead. Nevertheless, Kinerja's Senior Education Specialist and Governance Advisor visited the province and met district- and provincial-level officials at the end of June 2015. Among these were officials at the PEO who confirmed that they were very happy with Kinerja's support, and they were sorry to see the program's district-level activities come to an end. However, they showed great enthusiasm for Kinerja's BOSP package, saying they intended to replicate it at senior high schools across the province. With that in mind, they also confirmed that the PEO would be in touch with former Kinerja STTAs, provincial public service specialists (PPSS) and IOs to provide the necessary assistance to replicate BOSP to new districts.

5. Summary of Challenges and Next Steps

The original end date for the project, February 2015, was extended through a no-cost extension to September 2015 and then further through a costed extension for Kinerja Papua through to March 2017. These changes resulted in a certain amount of re-planning and staff rotation, which had an effect on the program's overall implementation.

The biggest challenge for the Kinerja project during FY 2015 was the delayed release of LG budget funding. Many districts did not release their funding allocations until March 2015, leaving Kinerja with a backlog of planned activities that needed to be implemented in the final programmatic quarter before the project closed its field operations in June 2015. On top of this, there was rising demand from replication districts. Due to various dissemination activities at the provincial, national and international levels, Kinerja faced substantial demand for support from a number of additional districts. The number of replication districts increased to 44 (19 districts more than the 25 originally targeted), which, in addition to the ongoing support provided to treatment districts, created further demand and presented a

major challenge, given the backlog of work and little remaining time before the Core program's closeout.

At the same time, there was also increased interest from a variety of entities that wanted to learn more about Kinerja's work and experience. These included donor organizations such as the Australian Department of Foreign Affairs and Trade (DFAT), the European Union, other USAID projects, UNDP, UNICEF, Indonesia Corruption Watch (ICW) andnational government bodies such as MOH and Bappenas. Welcome though this interest was, it resulted in a host of meetings as well as, on occasion, joint field visits to treatment districts - all of which required attention and preparation.

Apart from its ongoing consolidation and replication activities in the field, Kinerja undertook a great deal of documentation this year, namely completing 17 technical modules and 17 good practices (12 in health and five in education), as well as documenting all the learning, processes and outcomes that have been produced during the project's lifetime. The program also conducted several large-scale events for further dissemination of its good practices, such as the Public Service Symposium in Surabaya in June 2015, which attracted around 2,000 visitors, and the massive Mass-Licensing Day in South Sulawesi in May 2015, which included activities in each of the 24 districts as well as at the provincial level. In addition, there was Aceh Singkil's UNPSA win, which attracted a tremendous amount of attention for our TBA-midwife partnership program and prompted the talk show at @america in Jakarta as well as the UNPSA Forum and Award Ceremony in Medellín, Colombia and district and provincial closing events and workshops.

The downside of this heightened activity was that it impacted the amount of focused attention the Core program wished to invest in its provincial closures, particularly in terms of strengthening linkages between supply- and demand-side stakeholders even further in Kinerja's newest replication districts to ensure the best possible foundation for sustainability.

6. Monitoring and Evaluation

RTI International engaged Social Impact as the independent subcontractor focused solely on monitoring and evaluation (M&E) activities for the Kinerja program. Social Impact designed the Performance Management Plan (PMP) for managing and documenting all aspects of Kinerja performance management. Monitoring activities focused primarily on providing key information for managerial decision-making and oversight. Kinerja's Impact Evaluations, on the other hand, were geared toward identifying the actual effects of the project accurately and credibly.

The M&E strategy comprised three discrete but integrated components:

1. Evaluating overall project effects in health and education across 20 treatment and 20 control districts, using pre-existing national datasets.
2. Evaluating the effects of the School Based Management (SBM) package in three districts that implemented the package.
3. Within all 20 treatment districts, tracking key indicators related to the intermediate results for (1) promoting the adoption of improved service delivery approaches, (2) strengthening incentive systems for improved local

government service delivery, and (3) facilitating the larger-scale replication of improved practices.

Key findings and achievements for each of these components are included in this chapter. For more information on Kinerja evaluations, please see '*Impact Evaluation of USAID/Indonesia's Kinerja Program*', completed in April 2015. For more information on Kinerja's performance indicators, please see Quarterly and Annual Reports completed throughout the program.

6.1 District-Level Evaluation

At the district level, the evaluation team found little evidence of changes attributable to the program, though the team did see positive changes on nearly all education and health indicators in treatment areas. Additionally, qualitative data revealed important improvements in intermediate health and education outcomes at the district and SDU levels, which is consistent with the M&E team's monitoring data (detailed in the 'Performance Indicators' section of this chapter).

Progress was made on the intermediate outcome to improve the health and education regulatory environment in Kinerja's districts. All districts passed improved regulations regarding issues ranging from maternal and child health to the distribution of teachers. Progress was also made in establishing successful participatory processes regarding education reforms for Proportional Teacher Distribution (PTD) and Educational Unit Operational Cost Analysis (BOSP). For example, education stakeholders from the community helped schools and district governments analyze operational needs and plan how to meet gaps in funding. This inclusive approach ensures transparency and promotes understanding of program activities.

Improvements in health management and good governance at the SDU level were noted in the qualitative study, and clients' behavior (over the long term, affecting district-level outcomes) has changed according to specific health indicators tracked in monitoring data.[16] These indicators have increased from 2012 to present in most partner units, revealing changed behavior at the unit level but not yet at the district level.

It is likely that client behavior (tracked by district-level indicators) has not yet changed at the district level due to the limited timeframe for both data collection and programming, which underscores the need to increase the length of programming to affect behavior. Another issue concerns data accessibility and reliability, which continues to be a challenge for districts, health clinics, and schools, despite improved data management systems. This makes it difficult to identify and integrate lessons learned and to refine programming as needed.

[16] The Kinerja PMP tracks the following indicators at the partner puskesmas level, documenting these as "goal-level indicators": % of pregnancies assisted by qualified health care workers; % of pregnancies receiving complete antenatal care (four visits); % exclusively breastfed. This data is reported in PWS KIA reports.

6.2 School-Based Management Evaluation

Overall, the evaluation team found consistently positive program effects from the Kinerja SBM intervention across respondent types, which was verified through direct observation and qualitative findings:

- School committees are functioning better. There are more committee members and meetings, and members know more about the role of the committees and receive more information regarding school management. There was some evidence of increased involvement of school committees in financial management and consistently increased perceptions of committee roles in Kinerja-supported schools, particularly among principals. At the same time, school management and committee documents are more widely available, and there is more information on student activities and opportunities for involvement provided to parents and communities.
- Parents are more satisfied with schools and, in particular, with school committees. The evaluation showed satisfaction with school committees that were active and engaged with the community. However, female parents were more likely than male parents to be unclear about the role of the school committee. Other studies of SBM around the world have shown that schools with committees that are more intricately linked to communities also exhibited higher rates of community and parent satisfaction in education service delivery.
- Parents from treatment schools seem to be equally or less likely to be involved in school management. This might reflect decreased levels of engagement or accountability among parents. However, our data, particularly in the case where parents are better informed and more satisfied regarding school management, seem to suggest that school management is more transparent and that parents are happier with the results and so feel less of a need to engage with the school. Interestingly, males were more likely than females to visit schools the previous year and this year. Males were also more likely to have looked at the bulletin board last year.

The evaluation also identified remaining challenges to effective school management, particularly related to engaging parents and the community directly in school management. The team also did not find evidence of improvement in higher-level outcomes, including school facilities, enrollment, attendance, or parental aspirations for their child's education, though they did find evidence of an increased number of books. The lack of change in higher-level outcomes may have been affected by a relative lack of engagement from West Kalimantan school principals in the Kinerja program, often due to a lack of understanding about how technical assistance could ultimately benefit the school in terms of performance and materials.

6.2.1 Performance Indicators[17]

The Kinerja program made progress towards the consolidation and replication of Kinerja's interventions in partner and non-partner districts and service delivery units (SDUs), as measured by 48 performance indicators. These efforts led to the achievement of Intermediate Result 1 ("Improved Service Delivery Approaches Adopted"), Intermediate Result 2 ("Incentive Systems for Improved Local Government Service Delivery Strengthened"), and Intermediate Result 3 ("Replication of Improved Practices Reaches Larger Scale"). Achievement of these Intermediate Results and their corresponding Sub-Intermediate Results, as detailed in the Kinerja PMP, led to progress in the Program Goal of "Improved Public Service Delivery".

Twelve out of the 17 performance indicators directly related to the consolidation of Round 1 and Round 2 interventions (Indicators 1 - 17) have achieved 100% or more of its program targets (71%). Three of the 17 indicators have achieved at least 95% of the program target (18%). Six out of 10 indicators directly related to replication (Indicators 18 - 27) have achieved more than 100% of their program targets.[18] In addition, goal-level data reveals limited progress in received in this quarter to explain Kinerja's progress against the Program Goal. Details about progress towards Kinerja's supply, demand, and replication interventions are included below.

Indicator Type	Indicator Number	PMP Results Framework Location	% Achieved Program Target
Activity Indicator: ***Round 1 and 2 implementation and consolidation***	1 - 17	Intermediate Result 1 Intermediate Result 2	71%
Activity Indicator: ***Replication***	18 – 27	Intermediate Result 3	60%
Goal Indicator	28 – 38	Program Goal	Not available[19]
Impact Indicator	39 – 48	Distant Goal	Not applicable[20]

6.2.2 Activity Indicators

Indicators 1 to 17 provide a clear picture of progress made towards consolidation of Round 1 and Round 2 interventions in Kinerja's partner districts. Consolidation progress is

[17] This section refers to progress in performance indicators as of Quarter 3, Fiscal Year 2015.

[18] Explanations of under and over-achievement are included, as necessary, in the Quarterly Report for Q3 FY15.

[19] As detailed in Kinerja's Quarterly and Annual Reports, goal-level data was difficult to obtain from district governments during the Kinerja program. Data that was collected and verified by the M&E team was included in the reports and analyzed here, where applicable.

[20] Impact indicators were not designed with targets. Changes in these indicators in treatment and control areas are detailed in '*Impact Evaluation of USAID/Indonesia's Kinerja Program*'.

documented below through the supply and demand perspective (as opposed to through intervention).

Supply Side

Indicators 5, 6, 8, 15, 16, and 17 capture Kinerja's supply side achievements. Five of these indicators either achieved or exceeded the program target (Indicator 5 achieved only 97% of the program target). Overall, the program has institutionalized a total of 185 Kinerja-supported good practices at the district-level (Indicator 5) and 822 Kinerja supported good practices at the SDU- level (Indicator 8). A total of 250 technical recommendations for public service improvement have been submitted to the appropriate local government units (Indicator 6). Finally, throughout the program, a total of 121 planning documents, 155 budgeting documents, and 107 financial reports have been made available to school stakeholders (Indicators 15, 16, and 17, respectively).

Demand Side

Indicators 4, 7, 9, 10, 11, 12, 13, and 14 capture the demand side achievements. Six (Indicators 7, 10, 11, 12, 13, and 14) of the eight indicators (75%) have achieved and/or exceeded the program target (Indicator 12 achieved only 95% of the program target). In this quarter, the M&E team documented additional achievements for indicator 11. During the Kinerja program, MSFs and Kinerja IOs submitted completed monitoring forms of service charters signed by Kinerja-supported service delivery units. Of the 6,157 promises made in the 218 service charters from *puskesmas* and schools, 5,115 promises were completed/ implemented (83%, documented in Indicator 7 and 11). More specifically, in partner schools that have been monitored, a total of 81% of the complaints have been addressed by school management or school committees, whereas in partner *puskesmas* that have been monitored, a total of 89% of the complaints have been addressed by health unit management and active MSFs. This slight difference in implementation rates may be due to the fact that schools often include more complaints in their service charters than *puskesmas.*

Kinerja also promoted the use of complaint handling mechanisms in order to improve public service delivery. A total of 78 Kinerja-supported complaint handling mechanisms including SMS Gateways, complaint boxes, and control cards have been implemented at the SDU-level throughout the program (Indicator 10). The MSFs help run the complaint survey process, of which there are 257 in Kinerja's partner areas at the district- and SDU- level (Indicator 12). Additionally, there were a total of 32 Kinerja IOs that reported on local government performance (Indicator 13). A total of 281 active citizen journalists also reported on local government performance (Indicator 14). The Kinerja program also supported mechanisms that incentivize district governments or SDUs to improve their performance. A total of 19 incentive mechanisms have been developed (Indicator 9). While these mechanisms were meaningful achievements for the program, the indicator will remain underachieved (currently at 50%). This is due to the fact that the majority of Kinerja's effort was towards supporting partner districts to gain access to *already established* incentive mechanisms at the district,

provincial, and international level that they could not otherwise access (due to time, funding, and capacity constraints).

6.2.3 Replication Indicators

Indicators 18 to 27 provide an overview of Kinerja's progress in replicating good practices in non-partner districts and SDUs.[21] Kinerja's replication intervention included a supply and demand focus, similar to Round 1 and Round 2 detailed above. The replication strategy included working with non-partner districts and their SDUs, and also intensified work with partner districts and provinces to promote the spread of Kinerja's interventions to new SDUs. In addition, program strategy also included interventions at the demand side, such as promoting the establishment of MSFs, citizen journalists, and other advocacy and incentive mechanisms in non-partner areas.

Kinerja good practices have been adopted 115 times (479% of program target) by 44 non-partner districts (176% of the adjusted program target, documented in Indicator 18 and 19). The non-partner districts that the Kinerja program has worked with to-date are detailed in the following table:

Partner Province	Replication District/City (Indicator 19)	Replicated Intervention/Good Practice (Indicator 19)
Aceh	All districts/cities (18 in total): Aceh Barat, Aceh Barat Daya, Aceh Besar, Aceh Jaya, Aceh Selatan, Aceh Tamiang, Aceh Tengah, Aceh Timur, Aceh Utara, Bireuen, Gayo Lues, Langsa City, Lhokseumawe City, Sabang City, Subulussalam City, Nagan Raya, Pidie, Pidie Jaya	PPID, MSS, BEE, Health
North Sumatra	1 district: Pakpak Bharat	Education (BOSP), Governance
East Java	10 districts/cities: Pemekasan, Blitar District, Trenggalek, Situbondo, Sampang, Lumajang, Kediri City, Kediri District, Pacitan, and Blitar City	BEE, Governance, Education (SBM)
West Kalimantan	3 districts/cities: Pontianak City, Kayung Utara, and Kubu Raya	Health, BEE
South Sulawesi	12 districts/cities: Jeneponto, Palopo City, Pinrang, Sinjai, Soppeng, Wajo, Bantaeng, Bone, Enrekang, Pangkep, Sidenreng Rappang, Takalar	BEE, Education (BOSP)

Many of these non-partner districts either signed MOUs with Kinerja/Kinerja's grantees or submitted letters of interest regarding technical assistance in replicating good practices during

[21] Non-partner districts and SDUs are those units that did not originally receive Kinerja funding (in Round 1 or Round 2). Non-partner districts are most often within Kinerja's partner provinces (West Kalimantan, South Sulawesi, East Java, and Aceh). Non-partner SDUs may be within Kinerja partner districts or outside of Kinerja's partner districts.

the program life. A total of 56 agreements or "engagements" between district government and Kinerja's grantees were documented for Indicator 24 (233% of program target achieved). Over 43% of the agreements documented throughout the entire program included cost share with district governments (24 agreements, documented in Indicator 25). This achievement reveals support for Kinerja partners and interventions in non-partner districts.

In addition to the replication progress made at the district level, progress was also made at the SDU level. Kinerja good practices were replicated 450 times by a total of 399 SDUs throughout the program (documented in Indicator 20).[22] These good practices included implementation of SBM, formation of service charters, formation of technical recommendations, and maternal and child health promotion (among other good practices).[23] The SDUs that the Kinerja program worked with are detailed in the following table:

Partner Province	# of Replication SDU (Indicator 20)	Replicated Intervention/Good Practice (Indicator 20)[24]
Aceh	Aceh Singkil: 8 *puskesmas* Bener Meriah: 2 *puskesmas*, 19 schools, 15 DHO departments Banda Aceh City: 5 *puskesmas* Simeulue: 7 *puskesmas* Aceh Selatan: 5 *puskesmas* Aceh Tamiang: 1 *puskesmas* Gayo Lues*: 1 puskesmas*	Health, Education (SBM), MSS Health Costing
North Sumatra	Pakpak Bharat: 2 *puskesmas*	Health
East Java	Jember: 45 *puskesmas* Mojokerto District: 1 school Probolinggo City: 3 *puskesmas*, 119 schools Probolinggo: 67 *puskesmas* Pacitan: 3 *puskesmas*, 5 schools Lumajang: 1 *puskesmas* Tulungagung: 16 *puskesmas*	Health, Education (SBM), MSS Health Costing
West Kalimantan	Singkawang City: 1 *puskesmas* Kubu Raya: 4 *puskesmas* Sambas: 10 *puskesmas*	Health
South Sulawesi	Barru: 40 schools Luwu: 9 *puskesmas* Luwu Utara: 10 *puskesmas*	Health, Education (SBM)

[22] The 399 service delivery units include 200 *puskesmas*, 184 schools, and 15 DHO departments.

[23] For a full list of good practices available for replication at the service delivery unit, see the PMP 2012.

[24] These good practices cover both supply and demand side good practices.

Building the capacity of CSOs and Kinerja's grantees for the purpose of long-term sustainability and replication was also a focus of the Kinerja program in its final year of implementation. In addition to tracking the number of grantees that provide technical assistance to non-partner government offices in Kinerja provinces, the PMP also notes the number of grantees (CSOs) that develop updated or improved products, services, and marketing strategies for continual use in the promotion of Kinerja good practices tracked under Indicators 21 and 22. A total of 18 CSOs have developed new or updated products/services for government use (30% program target achieved, documented in Indicator 21). A total of 19 CSOs have developed marketing or outreach strategies targeting local government (79% program target achieved, documented in Indicator 22).

Aside from ensuring long-term sustainability at the local government level, Kinerja also hoped to ensure sustainability at the national level. During the program, the Kinerja program team and its affiliated organizations developed 12 policy papers (Indicator 26). The program achieved 200% of the program target, disseminating papers to government partners. For example, a policy brief titled "Multi Stakeholder Forum (MSF): Community Engagement Strategy for Improving the Quality of Health Services at the Sub-district- and District- Level" was developed. Kinerja staff submitted a hearing request letter to the Directorate General of Nutrition and Maternal and Child Health. The hearing will be held in FY15.

Finally, Kinerja promoted different mechanisms to ensure wider replication of Kinerja good practices. Replication mechanisms were documented in Indicator 27. A total of 36 mechanisms were counted since the beginning of the replication phase of the program. These mechanisms, explained in detail in Kinerja's Quarterly Reports, represent recurring promotion of Kinerja interventions and good practices at provincial, national, and international levels, ensuring the long term influence of lessons learned through the program.

6.2.4 Goal Level Indicators

Starting in FY14, the M&E team reported on goal-level progress related to the PTD, BOSP, SBM, Health, and BEE interventions in Quarterly and Annual Reports. Indicators 28 – 38 relate to the expected outcomes from Kinerja's interventions at the SDU- and district-level from 2012 to 2015. Data sources for these indicators were largely district health, education, and business licensing offices. Occasionally data was collected in-person by the M&E team if the district office did not track required data. The data source for Indicator 34 is the national-level SUSENAS dataset. These indicators and progress against FY targets are discussed below according to sector. However, considering the quality and availability of the data as of this quarter, limited analysis is provided regarding observed changes and how they relate to Kinerja. For more details on these limitations, see the Achievement Table in Kinerja's Quarterly and Annual Reports.

Education

Indicators 28 – 32 measure the outcomes of the three Kinerja education interventions (PTD, SBM, and BOSP). Indicators 28 – 30 measure the outcomes of the PTD intervention and are defined below:

- Indicator 28: Percentage of all public schools meeting minimum service standard for availability of teachers
- Indicator 29: Percentage of all public schools meeting minimum service standard for availability of teachers with academic qualifications
- Indicator 30: Percentage of schools meeting minimum service standard for availability of certified teachers

By the end of the PTD intervention, the Kinerja program estimated that these percentages would increase between 2% and 8% depending on district conditions. Complete data regarding these indicators was not available from the District Education Office in PTD partner districts during the Kinerja program. Considering the lack of data and lack of quality data discovered by the M&E team during field visits, all data was not available for verification by the end of the program in 2015. Though data regarding the percentage of schools meeting the MSS requirement for availability of teachers is not available for all districts from the years targeted, several districts have verified data for certain years during the Kinerja program implementation period. These districts and fiscal years are detailed below:

- 41.86% of the SD and SMP public schools in Aceh Singkil met the minimum service standard for the availability of teachers in FY13. This number, however, only included PNS teachers (as opposed to other districts that reported PNS + non-PNS teachers[25]). This district overachieved the FY12 target.
- 85.71% of the SD and SMP public schools in Luwu met the MSS for availability of teachers in FY12 (PNS and non-PNS teachers).

Additionally, though data regarding the percentage of all public schools meeting MSS for the number of teachers with academic qualifications was not available from all districts from the years targeted, several districts have verified data for certain years during the Kinerja program implementation period. These districts and fiscal years are detailed below:

- 75.19% of SD and SMP public schools in Luwu met the MSS for availability of teachers with academic qualifications in FY12. This district overachieved the FY12 target.

Finally, data regarding the number of schools that have the required number of certified teachers was not available from partner district education offices. This MSS does not appear to be tracked accurately by any district, as all districts were found to only report the *new number of certified teachers in a given year* (instead of the total number of certified teachers in the entire school.

Indicators 31 – 32 measure the outcomes of the SBM intervention and are defined below:

- Indicator 31: Percentage of all public schools meeting minimum service standard for application of principles of school-based management

[25] PNS refers to *Pegawai Negeri Sipil* or civil servants.

- Indicator 32: Percentage of KINERJA-supported schools meeting quality standards for availability of basic educational supplies

By the end of the SBM intervention, the Kinerja program estimated that these percentages would increase from the baseline by a percentage dependent on the number of Kinerja-supported or replicated schools divided by the total number of schools in the district. The targets, therefore, vary widely between districts. These targets were estimated by the Kinerja program team in 2012 depending on local conditions at the baseline. During the Kinerja program, only a limited amount of data was available from the District Education Office in SBM partner districts. The M&E team conducted a primary data collection because of this challenge to collect and verify data.

For Indicator 31, many districts do not track the implementation of SBM principles in all public schools at this point. Barru was the only district that had set up a system for monitoring these principles, though the monitoring had not been rolled out to all schools as of FY14. Each district was also found to define "SBM principles" differently. Some districts do claim a certain percentage of schools as adhering to these principles, but no verifiable evidence exists to support these claims. Hence, only three numbers have thus far been reported: FY12 actual for Jember, FY12 actual for Probolinggo City, and FY14 actual for Barru (only considering 60 schools). Though the picture is not complete for these districts, these fiscal numbers do show a change in the percentage of public schools meeting MSS for the application of SBM principles.

For Indicator 32, the Achievement Table in Kinerja's Quarterly Reports shows some (but not all) fiscal year data from Bengkayang, Jember, and Probolinggo City. Though this picture, also, is not complete for these districts, these fiscal numbers do show a change in the percentage of Kinerja-supported schools meeting quality standards regarding basic educational supplies.

Indicator 33 measures the outcome of the BOSP intervention and is defined below:

- Indicator 33
    - Percentage of BOSP (Educational Unit Operational Cost) at primary school level met by national, provincial, or district government sources
    - Percentage of BOSP (Educational Unit Operational Cost) at junior secondary school level met by national, provincial, or district government sources

The Kinerja program team did not develop quantitative targets to measure the change in these percentages/outcomes for the BOSP intervention. In 2012, the program team developed qualitative requirements, included in the Quarterly Report Achievement Tables. As of January 2015, the M&E team had verified complete information for Simeulue and Bulukumba. Banda Aceh City has not made available the required data/information.

Before the Kinerja program, only 52.38% of educational costs for primary school students were met by government funding/sources in Simeulue. This percentage increased during the course of the Kinerja program, reaching 100% met by FY13. In secondary schools, only 68.18% of educational costs were met by government funding/sources in 2010/2011. By

FY13, all costs were met by national, provincial, and district sources in Simeulue. This improvement is due in part to the assistance provided through the BOSP intervention in this district. Before the Kinerja program, only 67.71% of educational costs for primary school students were met by government funding/sources in Bulukumba. This percentage increased during the course of the Kinerja program, reaching a higher number of 96.16% in FY13. A small drop in BOSP was observed in 2014 (to 85.04%). In secondary schools, over 100% of costs were met before the Kinerja program started in Bulukumba. Throughout the program life, the percentage met increased overall to 124%. This improvement is due in part to the assistance provided through the BOSP intervention in this district.

Health

Indicators 34 – 36 measure the outcomes of Kinerja's health intervention in 19 partner districts. These indicators are defined below:

- Indicator 34: Percentage of babies breastfed exclusively
- Indicator 35: Percentage of pregnancies in KINERJA-supported health clinic areas where the mother received antenatal services at least 4 (four) times during pregnancy
- Indicator 36: Percentage of births in KINERJA-supported health clinic areas assisted by qualified healthcare workers

By the end of the health intervention, the Kinerja program estimated that these percentages would increase between 7% and 50% depending on district conditions. The targets for each fiscal year and for the program were provided to the M&E team by the Kinerja program team in 2012 during the drafting of the PMP. Indicator 34 data is reported through SUSENAS. The M&E team purchased 2013 SUSENAS data in October 2014 and completed analysis of the data in this quarter. Eleven out of the 19 partner districts that selected the health intervention (58%) met the program target by the end of the program. These 11 districts include Banda Aceh, Bener Meriah, Sambas, Singkawang, Bondowoso, Simelue, Jember, Probolinggo, Sekadau, Luwu, and Luwu Utara. Before the Kinerja program, the percentage of babies breastfed exclusively varied between 25.13% and 50.06% across these 11 districts. As of FY13, these percentages increased between 13.36 and 43.05 percentage points. Several districts exceeded their program targets. For instance, the baseline measurement for Bondowoso was 25.13% in 2011; however, this percentage increased by 43.05 percentage points during the Kinerja program, reaching 68.18% in FY13. This FY13 percentage for Bondowoso exceeded the program target of 27.93% (244%). Overall, 7 out of 19 districts (37%) met FY12 targets, whereas 13 out of 19 districts (68%) met FY13 targets.[26] Finally, only 4 out of 19 districts (21%) met both FY12 and FY13 targets: Simeulue, Jember, Bulukumba, and Luwu.

[26] 7 districts meeting FY12 targets: Aceh Tenggara, Simeulue, Jember, Bengkayang, Melawi, Bulukumba, Luwu. 13 districts meeting FY13 targets: Banda Aceh, Bener Meriah, Sambas, Singkawang, Bondowoso, Simeulue, Jember, Probolinggo, Tulungagung, Sekadau, Bulukumba, Luwu, and Luwu Utara.

As of September 2014, data has been collected from all partner districts for the health intervention regarding Indicator 35. Data for FY14, however, varies from district to district; districts have reported data ranging from 0 to 12 months for the fiscal year. Forty-two percent (8 districts) of the 19 districts that selected the health intervention have seen an increase in the percentage of pregnancies where mothers received antenatal services at least four times during pregnancy as of FY14, based on partial and/or complete data for the fiscal year.[27] These districts include the following: Sambas, Jember, Aceh Tenggara, Probolinggo, Tulungagung, Melawi, Makassar City, and Luwu. These districts improved from their baseline targets as of FY14. Though these increases indicate good progress in these districts, only the following have actually met or exceeded their FY13 or FY14 targets (only considering those districts with complete data for a given fiscal year): Banda Aceh City (FY13), Aceh Singkil (FY13), Bener Meriah (FY13), Sambas (FY13), Singkawang City (FY13), Jember (FY13 and FY14), Bengkayang (FY13), and Luwu Utara (FY13). Overall, Jember is the only district that met the program target considering only those districts with complete data for FY14. By FY14, 73.90% of pregnant mothers in Jember received at least 4 sessions of ANC services, exceeding the program target of 38.46% (192%). However, 5 districts met the program target (Banda Aceh City, Bener Meriah, Sambas, Singkawang City, and Luwu Utara) if complete data for FY13 was considered to make this estimate.

As of January 2015, data has been collected from all partner districts for the health intervention regarding Indicator 36. Data for FY14, however, varies from district to district; districts have reported data ranging from 0 to 12 months for the fiscal year. Forty two percent (8 districts) of the 19 districts that selected the health intervention have seen an increase in the number of births assisted by qualified health workers, based on partial and/or complete data for the fiscal year.[28] These districts include the following: Simeulue, Jember, Kota Probolinggo, Melawi, Makassar City, Bulukumba, Luwu, and Luwu Utara. Though these increases indicate good progress in these 5 districts, only the following have actually met or exceeded their FY13 or FY14 targets (only considering those districts with complete data for a given fiscal year): Sambas (FY13), Simeulue (FY13 and FY14), Jember (FY13 and FY14), Makassar City (FY13), Luwu (FY14), and Luwu Utara (FY13). Overall, only Simeulue and Jember (11%) met the program targets and had complete FY14 data by the end of the program. By FY14, 81.58% of births in Simeulue were assisted by qualified health workers, exceeding the program target of 75.88% (108%). Additionally, by the same fiscal year, 78.06% of births in Jember were assisted by qualified health workers, exceeding the program target of 43.91% (178%).

When interpreting the increasing and decreasing trends in Indicator 35 and 36, it is critical to note the significant changes made in government targets for health outcomes between FY11 and FY12. In FY11 and in previous fiscal years, the government used population data from

[27] If complete or partial FY14 data was not available, FY13 data was considered to make this estimate.

[28] If complete or partial FY14 data was not available, FY13 data was considered to make this estimate.

the 2000 census to calculate targets (for pregnant mothers, for example). In FY12, the government switched to using the 2010 census. This caused a significant change in the population data and, therefore, calculation of targets for pregnant mothers. Any trends identified in the table must be understood according to this adjustment.

Business Enabling Environment

Indicators 37 – 38 measure the outcomes of Kinerja's Business Enabling Environment (BEE) intervention in eight partner districts. These indicators are defined below:

- Indicator 37: Number of business permits issued annually
- Indicator 38: Customer Satisfaction Index (CSI) related to business licensing

By the end of the BEE intervention, the Kinerja program (together with The Asia Foundation) estimated that the number of business permits would increase by smaller percentages each year (from a high of 20% to a low of 10%). They also estimated that the CSI would increase in each partner district by 10%. The targets for each fiscal year and for the program were provided to the M&E team by the Kinerja program team and The Asia Foundation in 2012 during the drafting of the PMP. As of July 2015, data was not available for Indicator 37. This data is scheduled to be reported by The Asia Foundation. As of January 2015, data has been collected from all partner districts for the BEE intervention regarding Indicator 38 through FY13. Three districts have achieved their FY13 targets: Barru, Melawi, and Luwu Utara. Several districts did not implement the CSI every year, leading to a limited ability to assess trends for the index per district.

Annex A-1: Kinerja Packages Based on District Consultations

Province	District	Business-Enabling Environment	Education			Health
		One-Stop Shops (OSS) for Business Licensing	Educational Unit Operational Cost Analysis (BOSP)	Proportional Teacher Distribution (PTD)	School-Based Management (SBM)	Immediate and Exclusive Breast Feeding and Safe Delivery
West Kalimantan	Sambas			Second Round		First Round
	Bengkayang				First Round	Second Round
	Sekadau				First Round	Second Round
	Melawi	First and Second Round			First Round	Second Round
	Kota Singkawang				Second Round	First Round
South Sulawesi	Bulukumba		First Round			Second Round
	Barru	First and Second Round		First Round	Second Round	
	Luwu			First Round		Second Round
	Luwu Utara	Second Round		First Round		Second Round
	Kota Makassar	First and Second Round				Second Round
Aceh	Aceh Singkil	First and Second Round		Second Round		First Round
	Aceh Tenggara				First Round	Second Round
	Bener Meriah				Second Round	First Round
	Simeulue	First and Second Round	First Round			Second Round
	Kota Banda Aceh		Second Round			First Round
East Java	Jember				First Round	Second Round
	Tulungagung	First and Second Round				Second Round
	Bondowoso			Second Round		First Round
	Probolinggo	First and Second Round				Second Round
	Kota Probolinggo				First Round	Second Round

Annex A-2: Kinerja Performance Monitoring Plan Achievement[1]

Current Reporting Period: Fiscal Year 2015 (April 2015 – June 2015)

NOTE: Impact indicators 39 – 48 are reported in the Kinerja Impact Evaluation Report

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
USAID Governing Justly and Democratically (GJD) Indicators											
1	GJD 2.2.3-3: Number of local mechanisms supported with United States Government (USG) assistance for citizens to engage their subnational government	0	10	73	4	0		77	613	779 (127%)	No new achievements were recorded for this indicator during this reporting period. The Kinerja program achieved 779 local mechanisms throughout the life of the program. Program achievements are disaggregated below by mechanism: • Multi-stakeholder Forums: 257 developed/strengthened • Complaint Handling Mechanisms: 78 developed/strengthened • Service Charters: 237 signed • Citizen Journalists: a total achievement of 80 from FY12-FY15 (implemented by 20 districts) • PPID: a total achievement of 80 from FY12-FY15 (implemented by 20 districts) • Customer Satisfaction Survey in OSS: implemented in 7 districts • Local Budget Study: implemented (2011 and 2014) in 20 districts • Local Budget Index: implemented (2011 and 2014) in 20 districts

[1] Final totals are based on the M&E Indicator Database as of July 21, 2015. This table includes verified achievements and information on progress toward achievements in four Kinerja provinces.

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
2	GJD 2.2.3-4: Number of local non-governmental and public sector associations supported with USG assistance	0	11	0	1	0		1	78	81 (104%)	No new achievements were recorded for this indicator during this reporting period. The Kinerja program provided a total of 81 grants to 39 organizations throughout the life of the program. The program target has been met for this indicator.
3	GJD 2.2.3-5: Number of sub-national entities receiving USG assistance that improve their performance	0	24	23	23	23		23	24	23 (96%)	No new achievements were recorded for this indicator during this reporting period[2]. Twenty-three partner districts or provincial governments who had received USG assistance from the beginning of Kinerja program have improved their performance by adopting service delivery good practices in the business, education, and health sectors. Non-partner Kinerja districts have also improved their performance in this reporting period These achievements are noted in Indicator 19 (as they did not receive direct USG assistance).

[2] This is a non-cumulative indicator, meaning that 0 new achievements for this quarter were added to the Q2 FY15 achievement total (23). Thus, the total number of achievement this quarter remains unchanged, as seen in the table under Q3.

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
4	GJD 2.4.1-9: Number of civil society organizations (CSOs) receiving USG assistance engaged in advocacy interventions	0	8	1	0	0		1	63	36 (57%)	No new achievements were recorded during this reporting period. A total of 36 grantees (from Kinerja's 39 grantees) have conducted advocacy during the Kinerja program. MSFs supported by the Kinerja program played an important role in advocating for improvements in public service delivery within Kinerja partner districts and service delivery units. Though these MSFs were not counted as CSOs, as tracked by this indicator, they are noted here for their contribution to the advocacy of Kinerja issues. The Kinerja program currently has 257 MSFs documented as having conducted advocacy (either at the service delivery unit or district level). The program target is currently underachieved because this indicator target was based on an estimated number of Kinerja grantees in 2012. Considering Kinerja's work with 39 grantees to-date (instead of the targeted 63), this indicator will remain underachieved for the duration of the program.
Activity Indicators											
5	Number of times Kinerja-supported improved service delivery models or approaches are adopted by local governments	0	0	8	0	0		8	191	185 (97%)	No new achievements were recorded during this reporting period. Throughout the program, Kinerja's 20 partner districts have adopted 185 good practices in total, which met 97% of the overall program target. Kinerja-supported good practices adopted at the district level ranged from the implementation of proportional teacher distribution to the establishment of district-level MSFs. For a list of Kinerja-supported models/approaches at the district level, please refer to the PMP 2012.

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
6	Number of Kinerja-supported technical recommendations to the District Technical Working Unit (SKPD), DPRD, district head Bupati that have involved or are formally endorsed by other non-government actors	0	0	3	0	0		3	69	250 (362%)	No new achievements were recorded for this indicator during this reporting period. The Kinerja program has achieved 362% of the program target for Indicator 6. The program target for technical recommendations was significantly overachieved because the Kinerja program's PMP only targeted technical recommendations at the district level. The strategy implemented in the field, however, led to the development of technical recommendations at the service delivery units as a result of the complaint survey process. This has led to significant overachievement for this indicator.
7	Number of service charters agreed upon with Kinerja support	0	0	0	0	0		0	237	237 (100%)	No new achievements were recorded for this indicator during this reporting period. The Kinerja program has achieved 100% of the program target for Indicator 7, with 237 service charters signed and formalized as a result of the complaint survey process at the health and education unit level (*puskesmas* and schools). • 176 service charters signed by partner schools • 61 service charters signed by partner *puskesmas*
8	Number of times Kinerja-supported improved practices for service delivery are institutionalized by service delivery units	0	0	41	4	0		45	782	822 (105%)	No new achievements were recorded for this indicator during this reporting period. Kinerja has achieved 105% of the program target for this indicator. Kinerja-supported good practices that were adopted at the SDU level ranged from partnerships between midwife- traditional birth attendant to promoting transparent and participatory school budgeting and planning processes. For a list of Kinerja improved practices at the service delivery unit level, please refer to the PMP 2012.

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
9	Number of Kinerja-supported mechanisms that incentivize district government or service delivery units based on actual performance	0	0	4	1	0		5	38	19 (50%)	No new achievements were recorded for this indicator during this reporting period. This indicator remains underachieved due to the Kinerja approach regarding incentive mechanisms which utilized *existing* incentive mechanisms in each of the Kinerja provinces instead of supporting unique Kinerja mechanisms at the school and *puskesmas* level. While some incentive mechanisms were promoted by Kinerja's partners (to date, 19 in total), the majority of Kinerja's effort included supporting partner districts to gain access to *existing* incentive mechanisms at the district, provincial, national, and international level that they could not have otherwise accessed (due to time, funding, and capacity constraints).
10	Number of Kinerja-supported feedback mechanisms at the district government- or service-delivery unit levels used by clients and users	0	0	4	0	0		4	66	78 (118%)	No new achievements were recorded for this indicator during this reporting period. The Kinerja program has achieved 118% of the program target for this indicator. In addition to the feedback mechanisms counted in this indicator (78 in total), the Kinerja program also promoted the use of complaint surveys in health and education service delivery units. A total of 176 partner schools (98% of an overall 180 partner schools) and a total of 61 *puskesmas* (100% of partner *puskesmas)* implemented the complaint survey once during the course of the Kinerja program. These feedback mechanisms were not documented in Indicator 10, as the outputs from these mechanisms were counted in other PMP indicators. It is important, however, to note these substantial achievements regarding the promotion of feedback mechanisms in Kinerja's partner districts.
11	Percentage of complaints about services received through Kinerja-supported complaint survey process, which is addressed by public service delivery units	0	70%	83%	86%	82%		87%	70%	83% (119)	Kinerja grantees supported MSFs in their monitoring activities of service charters during this quarter. During the quarter, service charter implementation monitoring forms from 6 schools in Melawi District, West Kalimantan were received. These monitoring forms were completed in previous quarters but had not yet been submitted.

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
											In this quarter, of 152 promises made in these 6 service charters, 124 promises were completed/implemented (approximately 82%). In total, Kinerja-supported MSFs have monitored the implementation of service charters in 218 schools and *puskesmas* (157 schools and 61 *puskesmas*). Of the 6,157 promises made in these 218 service charters, 5,115 were completed/implemented (approximately 83%). For education and health complaints addressed, see the breakdown below: • Education complaints: 81% addressed • Health complaints: 89% addressed During the Kinerja program, 218 monitoring forms out of a total of 237 (92%) service charters were submitted and verified. The Kinerja program has overachieved the 70% 'complaints addressed' program target (119%).
12	Number of Kinerja-supported linkages between CSOs, users, DPRD, Dinas, and others, which are active in the oversight of service delivery	0	0	7	4	0		11	270	257 (95%)	No new achievements were recorded for this indicator during this reporting period. Overall, 257 MSFs in the Kinerja program's partner districts were formed and active. MSF activities throughout the program ranged from advocating for policy improvements in district health and education offices to monitoring service charter implementation at the service delivery unit level (schools and *puskesmas).* The MSFs documented throughout the Kinerja program are disaggregated below by sector: • Education: 173 MSFs (including school committees and MSFs at the district level) • Health: 73 MSFs (including sub-district and district level MSFs) • Business: 6 MSFs (including OSS forums) • Media: 5 citizen journalist discussion forums

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
13	Number of non-media CSOs that report on local government performance	0	0	0	0	0		0	23	32 (139%)	No new achievements were recorded for this indicator during this reporting period. This indicator was initially targeted for MSFs in the Kinerja PMP. MSFs, however, have only recently started gaining strength and organization in Kinerja's consolidation phase. For this reason, Kinerja implementing organizations have done the majority of the reporting on local government performance during the Kinerja program and are documented here. The program target has been overachieved (139%). A total of 32 organizations have reported on local government performance in Kinerja's partner districts. The organizations have worked in all of Kinerja's sectors including media, education, health, governance, and business.
14	Number of Kinerja-supported citizen journalists actively reporting on local government performance	0	200	65	0	0		65	200	281 (141%)	The contracts of Kinerja media intermediary organizations were closed in the beginning of the previous quarter. Thus, no new citizen journalist achievements were documented this quarter. The program to date achievement reports the total number of citizen journalists that were active in at least one quarter throughout the entire Kinerja program. The M&E team documented 281 active journalists throughout the program. As with the annual target, journalists active in multiple quarters are not recorded twice against the program target. Citizen journalists for the program life thus far (and number of articles produced) are disaggregated below by province: • Aceh: 66 citizen journalists, 197 articles/publications • East Java: 53 citizen journalists, 194 articles/publications • West Kalimantan: 88 citizen journalists, 386 articles/publications • South Sulawesi: 74 citizen journalists, 329 articles/publications

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
15	Number of Kinerja-supported service delivery units where key planning documents are made available to stakeholders	2	92	121	121	121		121	92	121 (132%)	School planning documents have been made public through school committee meetings, planning meetings involving the community and other stakeholders, and through published documents on Kinerja partner school information boards/public areas. No new achievements were recorded this quarter for this indicator.[3] A total of 121 planning documents have been "made available for stakeholders" during the Kinerja program. The program has overachieved this indicator target.
16	Number of Kinerja-supported service delivery units where key budgeting documents are made available to stakeholders	3	93	155	155	155		155	93	155 (167%)	School budget documents have been made public through school committee meetings, budgeting meetings involving the community and other stakeholders, and through published documents on Kinerja partner school information boards/public areas. No new achievements were recorded for this indicator this quarter.[4] A total of 155 budgeting documents have been "made available for stakeholders" during the Kinerja program. The program has overachieved this indicator target.
17	Number of Kinerja-supported service delivery units where key financial reporting documents are made available to stakeholders	5	95	107	107	107		107	95	107 (113%)	School financial reports have been made public through school committee meetings and through published documents on Kinerja partner school information boards/public areas. There were no new achievements documented this quarter.[5] A total of 107 financial reports have been "made available for stakeholders" during the Kinerja program. The program has overachieved this indicator target.

[3] This is a non-cumulative indicator, meaning that 0 new achievements for Q3 FY15 were added to the Q2 FY15 achievement total (121). Thus, the total number of achievement this quarter remains unchanged, as seen in the table under Q3.

[4] This is a non-cumulative indicator, meaning that 0 new achievements for Q3 FY15 were added to Q2 FY15 achievement total (155). Thus, the total number of achievement this quarter remains unchanged, as seen in the table under Q3.

[5] This is a non-cumulative indicator, meaning that 0 new achievements for Q3 FY15 were added to Q2 FY15 achievement total (107). Thus, the total number of achievement this quarter remains unchanged, as seen in the table under Q3.

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
Replication Indicators											
18	Number of times Kinerja-supported good practices are adopted by local governments outside of the original Kinerja target jurisdictions	0	0	12	9	11		32	24	116 (483%)	Kinerja good practices were adopted 11 times by non-partner districts in this reporting period. These good practices included the same good practices that Kinerja's partner districts adopted during Round 1 and Round 2 of Kinerja implementation (tracked in Indicator 5 or 8). The Kinerja program has overachieved the program target for this indicator because of high interest in Kinerja's approaches in partner provinces. Good practices achieved in this quarter are detailed below, disaggregated by province: • Aceh: 2 governance good practice achievements (the establishment of district-level health MSF in Gayo Lues and Aceh Tamiang Districts) • North Sumatra: 1 governance good practice achievement (the establishment of district-level health MSF) and 1 education good practice achievement (BOSP calculation) in Pakpak Bharat District • East Java: 5 BEE good practice achievements in Lamongan, Banyunwangi, and Kota Kediri (the issuance of District Head Decree (*Surat Keputusan Bupati*) for the formation of licensing technical team, issuance of OSS Head Decree (*Surat Keputusan*) regarding complaint handling mechanism) and 1 education achievement (SBM replication) in Pacitan District • West Kalimantan: 1 health good practice achievement in Kubu Raya (the issuance of Head of DHO Instruction Letter on the implementation of maternity pocket and map of pregnant women throughout the district). Kinerja regional staff was invited by the DHO as a resource person in order to develop and implement Kinerja-supported tools. More information on districts in Kinerja's partner provinces replicating these good practices are detailed in Indicator 19.

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
19	Number of non-Kinerja-supported districts where adoption of Kinerja-supported good practices take place	0	0	4	2	3		9	50	44 (88%)	There were 3 new districts (one in North Sumatra, East Java, and West Kalimantan) during this quarter that replicated Kinerja good practices, namely, Pakpak Bharat, Pacitan, and Kubu Raya.[6] The replication in these districts is detailed in Indicator 18. A total of 44 non-partner districts have replicated Kinerja good practices during the Kinerja program. The 44 total replication districts are detailed below by province: • Aceh: 18 districts (Aceh Barat, Aceh Barat Daya, Aceh Besar, Aceh Jaya, Aceh Selatan, Aceh Tamiang, Aceh Tengah, Aceh Timur, Aceh Utara, Bireuen, Gayo Lues, Kota Langsa, Kota Lhokseumawe, Kota Sabang, Kota Subulussalam, Nagan Raya, Pidie, and Pidie Jaya) • North Sumatra: 1 district (Pakpak Bharat) • East Java: 10 districts (Pemekasan, Blitar, Trenggalek, Situbondo, Sampang, Lumajang, Kota Kediri, Kabupaten Kediri, Kota Blitar, and Pacitan) • West Kalimantan: 3 districts (Kota Pontianak, Kayung Utara, and Kubu Raya) • South Sulawesi: 12 districts (Jeneponto, Kota Palopo, Pinrang, Sinjai, Soppeng, Wajo, Bantaeng, Bone, Enrekang, Pangkep, Sidenreng Rappang, and Takalar) Kinerja has not yet met the program target of 50. This target, however, reflects the initial replication strategy (2012) and not the adjusted strategy approved by USAID in 2013. The adjusted strategy targets 25 districts for replication, meaning the program has overachieved (176%).

[6] Kubu Raya was already counted in Indicator 18 in the previous quarter, but was not counted yet in Indicator 19.

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
20	Number of times Kinerja-supported improved practices for service delivery are institutionalized by service-delivery units not receiving direct implementation support	0	0	105	16	33		154	344	450 (131%)	During this reporting period, Kinerja made significant progress toward internal replication achievements (adoption of Kinerja good practices in units that did not receive direct Kinerja funding support, both within and outside of Kinerja's partner districts). Kinerja goods practices were replicated 33 times in non-partner units (schools and *puskesmas*) from April - June 2015. Progress made in this quarter is detailed below: • Health: 5 replication of Kinerja good practices in *puskesmas* in Gayo Lues and Pakpak Bharat (SOPs related to maternal and child health and maternity pocket-health information system) • Governance: 28 replication of Kinerja good practices in puskesmas and replication school in Aceh Tamiang, Pakpak Bharat, Pacitan, Kabupaten Mojokerto, and Probolinggo (implementation of service charters, control card and/or complaint boxes, and MSF sub-district level formation) The program has overachieved the program target of 344 good practices. The 450 good practices adopted as of this quarter during the life of the Kinerja program are detailed below, including a total of 399 units: • Non-partner schools that have adopted good practices: 184 • Non-partner *puskesmas* that have adopted good practices: 200 • DHO departments that have adopted good practices: 15

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
21	Number of Kinerja-affiliated Indonesian CSOs that have developed new or updated products or services for local governments	0	0	4	0	0		4	61	18 (30%)	No new achievements were recorded for this indicator during this reporting period. After USAID approved of Kinerja's replication strategy in 2013, the target of 61 was proposed as 21 to reflect the adjusted strategy. There were 24 local grantees selected to attend the capacity building workshops (PKPM, Gerak, Daun, Redelong Institute, Sepakat, LPPMA, LPK-PIP, LPKP, Yapikma, LPA, Puskakom, JPIP, Madanika, PKBI Kalbar, PKBI Sambas, Diantama, PPSW, YAS, Cordial, Jurnal Celebes, Bulukumba Forum, Esensi, YKP, and Konsil LSM). Kinerja expected to achieve 21 for this indicator by the end of the program based on the assumption that roughly 88% of the organizations would achieve the expected output. According to this proposed target of 21, Kinerja has achieved 86% of the program target.
22	Number of Kinerja-affiliated Indonesian CSOs that have marketing or outreach strategies targeting local government	1	0	0	0	0		0	24	19 (79%)	No new achievements were recorded for this indicator during this reporting period. After USAID approved of Kinerja's replication strategy in 2013, the target of 24 was proposed as 21 to reflect the adjusted strategy. There were 24 local grantees selected to attend the capacity building workshops (PKPM, Gerak, Daun, Redelong Institute, Sepakat, LPPMA, LPK-PIP, LPKP, Yapikma, LPA, Puskakom, JPIP, Madanika, PKBI Kalbar, PKBI Sambas, Diantama, PPSW, YAS, Cordial, Jurnal Celebes, Bulukumba Forum, Esensi, YKP, and Konsil LSM). Kinerja expected to achieve 21 for this indicator by the end of the program based on the assumption that roughly 88% of the organizations would achieve the expected output. According to this proposed target of 21, Kinerja has achieved 90% of the program target.

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
23	Number of Kinerja-supported good practices that are contained in replication packages available for use by Indonesian CSOs	0	28	8	0	0		8	28	23 (82%)	No new achievements were recorded for this indicator during this reporting period. In total, the Kinerja program has finalized 17 modules that contain 23 good practices. These modules have been disseminated to a wider audience for future implementation of Kinerja good practices. After USAID approved of Kinerja's replication strategy in 2013, the program target of 28 was proposed as 24 to reflect the adjusted strategy. Kinerja's current strategy includes the formation of modules that will include 24 good practices. According to this proposed target, Kinerja has achieved 96% of the program target.
24	Number of engagements in which Kinerja-affiliated Indonesian organizations provide technical assistance or other support for Kinerja-supported products to districts outside of the original target jurisdiction	0	0	4	0	0		4	24	56 (233%)	No new achievements were recorded for this indicator during this reporting period. This replication indicator has overachieved the program target (233%). Kinerja did not originally target many formal relationships because district governments are usually not eager to formally engage with CSOs/civil society. This overachievement shows the respect for and capacity of Kinerja's grantees in partner districts and also the willingness of district governments to contract assistance from civil society and Kinerja partners.
25	Number of engagements in which local governments or service-delivery units contribute to cost of technical assistance by Kinerja-affiliated Indonesian CSOs	0	0	1	0	1		2	12	25 (208%)	Forty-five percent of the engagements noted above in Indicator 24 included cost share specifications with the district government (or government entities). There was 1 new engagement documented in this quarter that included specific local government contribution to good practice implementation. This engagement is for Aceh Selatan regarding joint District Health Office and *puskesmas* support for the implementation of Kinerja activities during February to April 2015 period. The Kinerja program has overachieved the program target (208%). This overachievement shows the willingness of district governments to contract assistance from civil society and Kinerja partners and contribute to the cost of implementation of improved service delivery models.

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
26	Number of policy papers published that are directed at the provincial or national level to support replication of good practices in local service delivery	0	0	1	3	1		5	6	12 (200%)	Kinerja and Kinerja-affiliated organizations have developed policy papers and policy briefs to contribute to national, provincial, and district level policy improvements in health, education, and business. This quarter, the M&E team documented one new achievement. In this quarter, a policy brief titled "Multi Stakeholder Forums (MSFs): Community Engagement Strategy to Improve the Quality of Health-care Services at the Subdistrict and District Level" was developed. Kinerja staff has submitted a hearing request letter to the Directorate General of Nutrition and Maternal and Child Health. The hearing will be held at the end of July 2015. The Kinerja program has overachieved the program target for this indicator (200%).
27	Number of mechanisms to support the adoption of good practices related to Kinerja activities	0	0	3	3	2		8	31	36 (116%)	Kinerja's replication efforts at the provincial and national level continued during this reporting period. There were 2 new mechanisms counted in this quarter, including the following: • Innovation Hub: Kinerja, GIZ TRANSFORMASI, and JPIP support the implementation of sub-national knowledge hubs on public sector innovations. This hub provides a platform for local governments to share knowledge about good practices they have adopted. In this quarter, the hub was still in the early phase of implementation as key players learned about how to strengthen the hub. (1 achievement) • Free Mass Licensing Day: This event was held on May 7 across 24 districts/cities in South Sulawesi. Comprehensive services, such as free issuance of business licenses,

NO.	INDICATOR NAME	BASE LINE	FY15 TARGET	FY15 ACHIEVEMENT				FY15 TO DATE	PROGRAM TARGET	PROGRAM TO DATE	REMARKS
				Q1	Q2	Q3	Q4				
											banking services, and many other services were provided to business permit applicants. The total number of free licenses issued that day was 41,117. (1 achievement) The Kinerja program has overachieved its program target for this indicator (116%).

Annex A-3: Kinerja Government Partners

National		**National Development Planning Agency (BAPPENAS)** Regional Autonomy (OTDA)	**Ministry of Health (MOH)** DG Nutrition and MCH DG Health Services	**Ministry of Education (MOE)** DG Basic Education	**Ministry of Home Affairs (MOHA)** DG for Administration (PUM) Regional Development (BANGDA)	**Information Commission (KIP)**	**Investment Coordination Board (BKPM)**	**Ministry of State Administrative Reform (KemPAN-RB)** DG Public Services	**State Administrative Agency (LAN)**
Provincial	**Governor's Office** Provincial Secretariat Organizational Bureau Ortala	**Bappeda (Prov.)**	**Provincial Health Office**	**Provincial Education Office**		**PPID**	**Provincial BKPM**		
District	**District Head's Office** District Secretariat Organizational Bureau Budget Team	**Bappeda (District)**	**District Health Office (DHO)**	**District Education Office (DEO)**		**PPID**	**OSS**		

Annex A-4: Kinerja Grants – FY 2015

No	Grantee/Contractor	Type	Project Location	Start	Finish	Extension Start Period	Extension End Period	Purpose
1	Center for Studies and Development Indonesian Human Intellectual (CORDIAL)	EDU - SBM	South Sulawesi Province: Barru District	1-Sep-12	31-Oct-13	1-Nov-13	31-Oct-14	To improve local governments technical skill and policy in school based management in Barru District, South Sulawesi
2	Lembaga Pelatihan dan Konsultasi Inovasi Pendidikan (LPKIPI)	EDU-SBM & PTD	1 district in East Java Province: Bondowoso and 2 districts in West Kalimantan: Sambas and Singkawang	1-Sep-12	31-Oct-13	1-Nov-13	31-Dec-14	On Proportional Teacher Distribution (PTD) with the West Kalimantan Provincial Education Office (PEO), District Government and District Education Office (DEO) and Multi Stake Holder Forum (MSF) of Sambas and the district of Bondowoso in East Java: On School Based Management (SBM) to work with the District Education Office and 20 partner schools in Singkawang City, to develop a participative, transparent and accountable process at school governance leading to improved quality of education
3	Pusat Kajian Pendidikan dan Masyarakat (PKPM)	EDU - SBM	Aceh Province: Bener Meriah District	1-Oct-12	31-Oct-13	1-Nov-13	31-Oct-14	School-based Management - Technical Assistance and Mentoring
4	Yayasan Demokrasi Untuk Negeri (DAUN)	EDU - MSF PTD	Aceh Province: Aceh Singkil District	1-Dec-12	30-Nov-13	1-Dec-13	31-Dec-14	Strengthening local multi stake holder forum in policy advocacy on Proportional Teachers Distribution
5	Gerakan Anti Korupsi (GeRAK)	EDU - BOSP	2 districts in Aceh : Banda Aceh and Simeulue	15-Oct-12	31-Jul-13	15-Nov-13	31-Dec-14	School Unit Operational Cost - Technical Assistance and Mentoring
	Subtotal Education							

No	Grantee/Contractor	Type	Project Location	Start	Finish	Extension Start Period	Extension End Period	Purpose
6	YayasanPemberdayaan Intensif Kesehatan Masyarakat (YAPIKMA)	HEALTH	East Java Province, Probolinggo Municipality and Jember District	1-Sep-12	30-Nov-13	1-Dec-13	31-Oct-14	Kinerja Health Package Implementation - East Java
7	Forum Informasi & Komunikasi Organisasi Non Pemerintah (FIKORNOP) Sulawesi Selatan	HEALTH	South Sulawesi Province, Luwu and North Luwu District	1-Sep-12	30-Nov-13	1-Dec-13	31-Oct-14	Kinerja Health Package Implementation - South Sulawesi
8	Lembaga Perlindungan Anak (LPA) Tulungagung	HEALTH	East Java Province: Probolinggo and Tulungagung District	1-Sep-12	30-Nov-13	1-Dec-13	31-Oct-14	Kinerja Health Package Implementation- East Java
9	Pusat Kajian dan Perlindungan Anak (PKPA)	HEALTH	Aceh Province, Simeulue and Aceh Tenggara District	1-Sep-12	30-Nov-13	1-Dec-13	31-Oct-14	Kinerja Health Package Implementation- Aceh
10	Komite Pemantau Legislatif (KOPEL)	HEALTH	South Sulawesi Province, Makassar and Bulukumba District.	1-Sep-12	30-Nov-13	1-Dec-13	31-Oct-14	Kinerja Health Package Implementation - South Sulawesi
11	PKBI Kalbar	HEALTH	West Kalimantan Province: Bengkayang, Sambas and Melawi Districs West kalimantan	1-Feb-13	13-Mar-14	14-Mar-14	31-Dec-14	Kinerja Health Package Implementation - West Kalimantan
	Subtotal Health							

No	Grantee/Contractor	Type	Project Location	Start	Finish	Extension Start Period	Extension End Period	Purpose
12	Jurnal Celebes	MEDIA	All District, South Sulawesi	1-Feb-13	31-Jan-14	16-Apr-14	15-Nov-14	Increasing the Role of Mainstream and Citizen Journalist in Advocacy to Improve Public Service Delivery – South Sulawesi Province
13	Kajian Informasi, Pendidikan dan Penerbitan Sumatera (KIPPAS)	MEDIA	All District, Aceh	1-Feb-13	31-Jan-14	16-Apr-14	15-Nov-14	Increasing the Role of Mainstream and Citizen Journalist in Advocacy to Improve Public Service Delivery – Aceh Province
14	Pusat Kajian Komunikasi (PUSKAKOM)	MEDIA	All District, East Java	1-Mar-13	31-Mar-14	1-Apr-14	20-Dec-14	Strengthening the role of media to encourage better quality of public services in 5 (five) Districts/ City, East Java
15	Lembaga Pengkajian dan Studi Arus Informasi Regional (LPS AIR)	MEDIA	All District, West Kalimantan	15-Mar-13	14-Mar-14	15-Mar-14	14-Nov-14	Strengthening the role of media to encourage better quality of public services in 5 (five) Districts/ City, West Kalimantan
16	The Jawa Pos Institute of Pro Otonomi (JPIP)	MEDIA	All Districts in West Kalimantan, South Sulawesi and East Java	15-May-13	1-May-14	2-May-14	31-Dec-14 (NCE to Jan 15)	Improving documentation quality, information distribution and public services innovation replication through Autonomy Award in East Java, South Sulawesi and West Kalimantan Province.
	Subtotal Media							
17	Perkumpulan Serikat Pengembang Swadaya Masyarakat (SEPAKAT)	MSF	All District, Aceh	1-Jan-14	31-Dec-14			Strengthening linkages between district and service delivery unit level Multi Stakeholder Forums to improve public service delivery in Kinerja's five Partner District in Aceh Province
18	Lembaga Pengkajian Kemasyarakatan dan Pembangunan (LPKP)	MSF	All District, East Java	16-Dec-13	15-Dec-14	16-Dec-14	28-Feb-15	Strengthening linkages between district and service delivery unit level Multi Stakeholder Forums to improve public service delivery in Kinerja's five Partner District in East Java Province
19	Pusat Pengembangan Sumberdaya Wanita (PPSW)	MSF	All District, West Kalimantan	16-Dec-13	15-Dec-14			Strengthening linkages between district and service delivery unit level Multi Stakeholder Forums to improve public service delivery in Kinerja's five Partner District in West Kalimantan Province

No	Grantee/Contractor	Type	Project Location	Start	Finish	Extension Start Period	Extension End Period	Purpose
20	Yayasan Esensi	MSF	All District, South Sulawesi	1-Jan-14	31-Dec-14	1-Jan-15	15-Mar-15	Strengthening linkages between district and service delivery unit level Multi Stakeholder Forums to improve public service delivery in Kinerja's five Partner District in South Sulawesi Province
	Subtotal MSF							
1	Perkumpulan untuk Pengembangan Usaha Kecil (PUPUK), Surabaya	BEE	East Java, District Probolinggo and Tulungagung	22-Feb-13	22-Jan-14		28-Feb-15	Technical Assistance to improve the business-enabling environment (BEE) in the province of East Java, specifically Kab Probolinggo and Tulungagung district
2	Yayasan Adil Sejahtera (YAS), Makassar	BEE	South Sulawesi, District Makassar and Barru	22-Feb-13	22-Jan-14		31-Mar-15	Technical Assistance Program To Increase Business environment for Provincial Government of South Sulawesi, Barru district and District Makassar
3	Yayasan BITRA Indonesia, Medan	BEE	Aceh, district: Simeulue, Singkil	22-Feb-13	22-Jan-14		31-Dec-14	Technical Assistance Program To Increase Business environment for Provincial Government of Aceh, Singkil district and District Simeulue
4	Madanika, Pontianak	BEE	West Kalimantan: Melawi district	22-Feb-13	22-Jan-14		31-Jan-15	Technical Assistance Program To Increase Business environment for Provincial Government of West Kalimantan, Melawi district
5	The National Secretariat of the Indonesian Forum for Budget Transparency (Seknas FITRA)	BEE	20 Kinerja Districts	17-Jun-14	31-Dec-14		12-June-15	Local Budget Study (Round 2) in 20 Kinerja Districts/Municipalities
6	Akademika	BEE	National	14-Nov-14	14-Feb-15		24-May-15	National-level Support for BEE-Kinerja Good Practice Replication
	Subtotal BEE							

No	Grantee/Contractor	Type	Project Location	Start	Finish	Extension Start Period	Extension End Period	Purpose
	Grand Total							

Annex A-5: Kinerja Technical Modules[1]

No.	FOCUS AREA	MODULE TITLE
1	**Health**	Tata Kelola Inisiasi Menyusu Dini dan ASI Eksklusif
2	**Health**	Tata Kelola Persalinan Aman
3	**MSS in Health**	Standar Pelayanan Minimal Bidang Kesehatan
4	**Education (SBM)**	Tata Kelola Manajemen Berbasis Sekolah Berorientasi Pelayanan Publik
5	**Education (PTD)**	Tata Kelola Distribusi Guru Proporsional pada Pemerintah Daerah
6	**Education (BOSP)**	Tata Kelola Biaya Operasional Satuan Pendidikan
7	**MSS in Education**	Penghitungan Kebutuhan Pemenuhan Target SPM Pendidikan Dasar
8	**Health & Education**	Pengelolaan Pengaduan Sebagai Metode Efektif Peningkatan Kualitas Pelayanan Publik
9	**Citizen Journalism**	Panduan Jurnalisme Warga
10	**Advocacy**	Pengembangan Forum Multi-Stakeholder
11	**Governance/ Advocacy**	Metode dan Teknik Advokasi dan Pengawasan Peningkatan Mutu Pelayanan Publik Berbasis Standar Pelayanan
12	**Organizational Leadership**	Pengembangan Organisasi dan Kepemimpinan
13	**Transparency**	Buku Pegangan Implementasi Undang-Undang Keterbukaan Informasi Publik Bagi Pemerintah Daerah
14	**Public Service Delivery**	Modul Tata Kelola Pelayanan Publik Berbasis Standar
15	**Public Policy**	Penguatan Peran dan Fungsi DPRD dalam Upaya Perbaikan Pelayanan Publik
16	**Administration**	Modul Keuangan dan Operasional
17	**Training**	Pengembangan Kurikulum dan Teknik Fasilitasi

[1] Work began in Q3 FY 2015 to translate key sections of eight of the modules (health, education and MSS) into English.

Annex A-6: Kinerja Good Practices

No.	Focus Area	Good Practice Title
1	Education	Menciptakan Lingkungan Belajar Aman dan Nyaman Melalui Manajemen Berbasis Sekolah Berorientasi Pelayanan Publik: Hasil Pembelajaran SMPN 1 Belimbing
2	Education	Penataan dan Pemerataan Guru Melalui Partisipasi Publik di Kabupaten Barru
3	Education	Replikasi Manajemen Berbasis Sekolah Berorientasi Pelayanan Publik di Kota Probolinggo
4	Education	Menguatkan Partisipasi Masyarakat dalam Tata Kelola Manajemen Berbasis Sekolah di Bener Meriah
5	Education	Biaya Operasional Satuan Pendidikan yang Berkelanjutan: Hasil Pembelajaran dari Kabupaten Bulukumba
6	Health	Tata Kelola Kemitraan Bidan dan Dukun Membantu Meningkatkan Kesehatan Ibu dan Anak
7	Health	Meningkatkan Tata Kelola Promosi ASI Eksklusif dan Insiasi Menyusui Dini
8	Health	Meningkatkan Kualitas *Ante Natal Care* Menggunakan Kartu Kontrol dan SOP
9	Health	Kantong Persalinan: Inovasi Sistem Informasi Ibu Hamil dan Bersalin
10	Health	Pengelolaan Pengaduan: Sarana Meningkatkan Kualitas Pelayanan dan Manajemen Puskesmas
11	Health	Meningkatkan Mutu Manajemen Pelayanan Kesehatan Ibu dan Anak Melalui Janji Perbaikan Layanan: Hasil Pembelajaran dari Puskesmas Sumberasih
12	Health	Mencegah Pernikahan Anak Melalui Pendidikan Kesehatan Reproduksi Bagi Remaja: Hasil Pembelajaran dari Kabupaten Bondowoso
13	Health	Magang Bidan Desa di Rumah Sakit Umum Daerah Luwu
14	Health	Kemitraan strategis bidan dan dukun di Kabupaten Kubu Raya: Replikasi Program USAID Kinerja
15	Health	Penanganan Terpadu Perempuan dan Anak Korban Kekerasan di Kota Jayapura Dengan Melibatkan Masyarakat
16	Health	Puskesmas Bubakan Tingkatkan Mutu Manajemen dan Pelayanan Kesehatan Ibu dan Anak Melalui Mekanisme Pengaduan: Replikasi Program USAID Kinerja
17	Health	Kerjasama Masyarakat dan Puskesmas Tingkatkan Mutu Manajemen dan Pelayanan Kesehatan Ibu dan Anak di Puskesmas Yosowilangun

Part B: Kinerja Papua Annual Report

This section of the overall Kinerja Program and Papua Expansion Annual Report includes the annual report for the Papua Expansion in the program's four designated districts within the province. It covers the reporting period October 2014 – September 2015, the same period of time as the Kinerja Program Annual Report, which is presented in Part A of this document.

1. Introduction

On March 15, 2012, the United States Agency for International Development (USAID expanded Kinerja's mandate to focus on governance in health systems strengthening (HSS) in the four target districts[36] of Jayapura, Kota Jayapura, Jayawijaya and Mimika (see Annex B-1: Kinerja Papua Map).

The Kinerja approach in Papua (Kinerja Papua) builds on the body of existing innovative practices in governance and public service delivery (PSD) and adjusts them to district needs, and then adapts its current approaches to strengthen health systems and enhance health outcomes.

The Kinerja objectives in Papua are to develop and ensure the capacity of local governments to deliver effective, safe, and quality personal and non-personal health services, with a minimum waste of resources, while promoting the following:

- An enabling policy environment within the provincial health systems
- Governance that results in a relevant and responsive health system
- The substantive engagement of civil society

Program activities are directed at HSS to improve the government's ability to provide quality services to those communities most at risk for infectious disease, including human immune deficiency virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and tuberculosis (TB), and for strengthening maternal and child health (MCH).

The Kinerja approach in Papua (Kinerja Papua) builds on the body of existing innovative practices in governance and public service delivery that are adapted to district needs, and adapt its current approaches to strengthen health systems and enhance health outcomes. Kinerja Papua seeks to complement an existing range of USAID partner programs in the four target districts by identifying and targeting the key blockages to health service delivery in Papua.

This report covers the broader activities of Kinerja Papua, but also illustrates how the team has operated in the districts over the previous year. It outlines the following:

- An overview of project objectives and results in Papua
- Challenges and risks
- A description of the FY 2013 work program
- An overview of project management and monitoring and evaluation
- Information on grants management

1.1 Program Background and Context

USAID is making considerable investments in health, with a specific focus on Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), Maternal

[36] See the Definitions section in the front matter for explanation of use of the terms "districts" and "target districts" for the purposes of this document.

and Child Health (MCH), and Tuberculosis (TB), through a range of projects and partners. Although these projects are making significant inroads at the technical level, the health sector continues to be poorly governed and is characterized by poor definitions of roles and responsibilities, low attendance rates by health workers in health facilities, insufficiently stocked health centers and other facilities, and a lack of outreach services.

As such, USAID considers that targeted multi-sectoral efforts at the governance level will strengthen outcomes and hasten improvement in the health standards of the people of Papua. To this end, USAID expanded the scope of the current Kinerja project to focus on HSS in the four target Papua districts Jayapura, Jayawijaya, Kota Jayapura and Mimika.

1.2 Objectives and Results

Kinerja's objectives in Papua are to develop and ensure the capacity of local governments to deliver effective, safe, and quality personal and non-personal health services, with a minimum waste of resources, while promoting the following:

- An enabling policy environment within the provincial health systems;
- Governance that results in a relevant, responsive, health system;
- And the substantive engagement of civil society.

Project activities are expected to be directed at HSS to improve the government's ability to provide quality services to those communities most at risk for infectious disease, including HIV/AIDS and TB and for strengthening MCH.

2. Building Relationships with Local Government

Kinerja Papua works to continuously maintain strong relationships with decision-makers in the province to ensure the program remains on track and that its activities contribute to mutually beneficial outcomes. At the same time, Kinerja works with district-level technical teams to explore and utilize opportunities for the sustainability of good practices in the health sector and to promote the further replication of these good practices to other *puskesmas* (community health centers).

Kinerja Papua continued to support regular meetings at the district and provincial level, as detailed in this chapter, to further promote understanding of the program and its achievements, as well as to discuss upcoming activities and to troubleshoot issues in the implementation of reform packages in the field.

At the start of FY 2015, in line with Kinerja Papua's Annual Work Plan FY 2015, program staff were looking ahead to completing three full quarters of programmatic activities before preparing for the project's closure in the fourth quarter of the year. This plan changed, however, when in April 2015, USAID announced that it intended to extend the Kinerja Papua program for a further 18 months, from September 30, 2015 through March 29, 2017.

Details of the activities carried out in Q4 FY 2015 in preparation for the project's costed extension (CE) - at district, provincial and national levels - are provided in the Papua Cost Extension chapter later in this report but it is worth noting here that during the 18-month extension, the Kinerja Papua program will incorporate several additional elements, one of which will be the implementation of an education component in the form of Kinerja's school-

based management (SBM) package for elementary schools in three of Kinerja's four districts (Jayapura, Kota Jayapura and Jayawijaya).

As a consequence, Kinerja Papua established relations in April-June 2015 with the provincial education office (PEO) and conducted initial discussions about the proposed extension with both the PEO and provincial health office (PHO) with a view to creating a joint work plan for the extension. Both provincial offices were supportive of Kinerja's future plans and a draft work plan detailing Kinerja's activities at district, provincial and national levels was finalized and submitted to USAID on September 28, 2015.

2.1 Project Management Committee

Through its intermediary organization (IO), the Eastern Indonesia Knowledge Exchange Foundation (BaKTI), Kinerja supported two Project Management Committee (PMC) meetings during the reporting period: in November 2014 and April 2015. There was a gap in activities during Q2 FY 2015 between the completion of BaKTI's grant in December 2014 and the start of its follow-on grant as BaKTI mobilized staff from its headquarters in Kota Makassar, South Sulawesi.

Unfortunately, PHO staff were unable to attend either of the meetings due to conflicting priorities in each case. However, district health office (DHO) officials attended both meetings, as well as staff from the provincial Local Government Agency for Regional Development Planning (Bappeda) – with whom Kinerja enjoys good working relations – and, for the April 2015 meeting, representatives from district technical teams in Kota Jayapura, Jayawijaya and Mimika.

During the meeting in November 2014, Kinerja presented a progress report, supplemented by interactive audiovisual materials including videos from its four districts on health system strengthening and MCH. Kinerja also used the PMC meeting as an opportunity to discuss its plans for the Good Practice Seminar, which BaKTI was tasked with organizing. Originally planned to take place in Kota Jayapura in April 2015, the seminar was rescheduled twice during the reporting period and took place on September 8-9, 2015. (Further details about the Good Practice Seminar are provided in the Replication chapter later in this report).

The subject of good practices was also the main topic of discussion at the PMC meeting in April 2015, with Bappeda asking Kinerja to help it disseminate good practices – both Kinerja Papua good practices as well as those from other donor programs – at a two-day provincial coordination meeting later in the month.

As a result, Kinerja Papua gave a presentation about its program at the provincial Bappeda work meeting on April 13-14, 2015, which was organized by Bappeda's Socio-cultural Division and attended by representatives from a number of different districts in the province. In addition to the presentation, Kinerja also had a booth at the event, allowing program staff to share information with visitors about its work in the health sector and good practices since the program's launch in 2012. Kinerja received positive feedback from a number of visitors, with many showing special interest in learning more about its governance approach to improve the delivery of health-care services.

2.2 District-level Technical Teams

As part of its efforts to maintain a strong working relationship with its LG counterparts, Kinerja Papua continued to host district-level technical team meetings in each of its four

districts during the reporting period. Similar to the PMC meetings, the technical team meetings allow Kinerja Papua to present its programmatic achievements and progress, and offer troubleshooting support where challenges have been encountered.

It is worth noting that while other donors may hold similar meetings on an ad-hoc basis, Kinerja Papua is the only donor program in the province that regularly reports to LG counterparts on progress. This steady commitment has helped to facilitate particularly strong relationships.

The membership of each district's technical team includes stakeholders from a wide variety of entities, such as LG technical working units (SKPDs), DHOs, Bappeda, local legislative councils (DPRDs), LG Department for Women's Empowerment and Child Protection, civil society organizations (CSOs), district- and *puskesmas*-level multi-stakeholder forums (MSFs), as well as religious and indigenous (*adat*) leaders.

Between October 2014 and September 2015, a total of 10 meetings took place in Kinerja's four districts: Jayapura (2); Kota Jayapura (4); Jayawijaya (2), and Mimika (2). As in previous quarters, BaKTI served as facilitator during the meetings, except for one meeting in Kota Jayapura in March 2015 when, due to the interruption to BaKTI's activities in Q2 FY 2015 as mentioned above, Kinerja's local public service specialist (LPSS) assumed the role.

In Jayapura, apart from the usual programmatic updates, participants at the two meetings held during the reporting period – May 4, 2015 and Sept. 22, 2015 – discussed the LG's plan to allocate funding from its annual budget (APBD) during this year's mid-term revisions to cover the technical team's operational costs as well as the costs of future meetings. At the meeting in September 2015, the LG confirmed that the APBD funding allocation, of approximately IDR 200,000,000, had been approved. Looking ahead to Kinerja Papua's CE and the program's plan to expand current technical teams to reflect the program's additional educational component, September's meeting was also attended by officials from the district education office (DEO). In relation to this team expansion, participants also discussed the finalization of a LG decree (*surat keputusan* – SK), which will be revised to incorporate the DHO and provide the team with legal status and lay out its role and functions. During the meeting, it was agreed that Kinerja's LPSS would facilitate small-scale meetings in the next quarter to finalize the new regulation.

In Jayawijaya, too, Bappeda signaled its commitment to the technical team meetings and the value it places on them by, for the first time, covering the costs of the meeting in April 2015. It is hoped that the costs of future meetings will also be met by the LG.

In Kota Jayapura, during a meeting on June 30, 2015, Kinerja responded to a request from legislators to inform them about the MSS costing program that had previously been jointly organized by the DHO and Kinerja for members of the DPRD's Commission D. The meeting's participants, which included representatives from Kinerja's three partner *puskesmas* and the district-level MSF, also agreed to accelerate the ratification of a recently-signed mayoral decree to institutionalize the city's subdistrict-level MSFs – a move that Kinerja Papua has long advocated. At the final meeting of the year, on September 15, 2015, Kinerja provided participants with information about the program's upcoming 18-month extension, in particular explaining the assistance that Kinerja would be providing at the service delivery unit (SDU) and district levels as part of its SBM package for education.

In Mimika, discussions at the second technical team meeting on April 17, 2015 focused on the latest progress in the development of the Regional Health System (*Sistem Kesehatan Daerah* – SKD), which Kinerja Papua has been facilitating in collaboration with PT Freeport Indonesia's sub-division, Public Health Malaria Control (PHMC), and the Mimika Health Office. During the meeting, those present agreed on a timeline for finalizing written documentation governing the creation of the SKD, further details of which are provided in the Replication chapter. Participants also agreed to lobby the district head to issue a district head decree (*perbup*) on MSS-based planning and budgeting.

3. Innovations and Incentives

3.1 Strengthening Leadership and Management Capacity for Health Service Delivery

In its commitment to strengthen leadership and management capacity for health service delivery, Kinerja Papua enjoyed a long and productive collaboration with the Center for Health Management and Policy of Yogyakarta's Gadjah Mada University Faculty of Medicine (*Pusat Kebijakan dan Manajemen Kesehatan* – PKMK UGM) to improve leadership and management skills among DHO and *puskesmas* staff.

Following last year's successes, progress during the reporting period continued along a positive trajectory. PKMK UGM held additional training events in each of Kinerja's districts that were tailored to the specific requests of local stakeholders. These activities focused on topics such as communication techniques, health information systems, and International Organization for Standardization (ISO) management systems for *puskesmas*, and added further to the overachievement by 209 percent of Performance Monitoring and Evaluation Plan (PMEP) Indicator 3 (see Annex B-1), with an additional 121 health workers trained between October 2014 and June 2015.[37]

This continued training and mentoring support also yielded important advances in the implementation of medium- and long-term action plans, both at the DHO and *puskesmas* levels, as reflected in PMEP Indicators 9 and 10, respectively.

Before Kinerja's partnership with PKMK ended in March 2015, the latter conducted trainings of trainers (TOTs) for DHO officials and *puskesmas* staff in all four districts with the aim of (1) strengthening understanding of their respective roles and functions; (2) increasing their technical knowledge and skills; (3) increasing the scope of technical guidance, and (4) identifying a strategy to improve the implementation of their respective roles and functions. The TOTs were part of Kinerja's role to facilitate the establishment of district-level Integrated Technical Assistance Teams (ITATs), consisting of DHO officials, to provide ongoing support and technical assistance to *puskesmas* in addition to their normal monitoring and supervisory functions. The trainings also developed tools for monitoring performance and progress at *puskesmas*.

In April-June 2015, Kinerja supported district officials in both Jayawijaya and Mimika to test the new monitoring tools. In Jayawijaya, the monitoring tools were tested at 13 *puskesmas* in

[37] Participants who attended additional trainings on standard operating procedures (SOPs) and minimum service standards (MSS) conducted by Kinerja Papua staff were also added to this indicator.

the district (three Kinerja partner *puskesmas* and 10 non-partner *puskesmas*).[38] The trial found that: (1) a more even distribution of health workers is needed at *puskesmas* in order to improve service standards; (2) data management needs to be improved - both within health centers and at the DHO; and (3) the training method historically used by the DHO, of inviting health center staff for training sessions at the health office, should be replaced by DHO officials visiting *puskesmas* and offering tailor-made guidance based on the specific needs and requirements of each health center.

The head of the Jayawijaya Health Office also issued a decree in May 2015 providing legal status for the integrated supervisory and technical guidance team and stipulating its role and functions, which will include helping to change current working practices based on the above post-trial findings, and conducting regular monitoring and evaluation of performance levels at all 13 *puskesmas*.

In Mimika, the trial of the new monitoring tools was launched at six of the district's 13 *puskesmas* (including three partner *puskesmas*) in late-June 2015. The trial participants were happy with the results and agreed to use the tools for future monitoring and evaluation of performance at health centers. The DHO has also confirmed that it intends to provide funding for these activities from the district's 2016 annual budget.

A similar trial is due to be carried out in Jayapura October 2015, while in Kota Jayapura, lengthy discussions among DHO officials have hampered progress. As of the end of September 2015, they were still trying to agree upon which set of tools to use for the trial.

Given that Kinerja will cease to provide technical assistance directly to health centers from the start of January 2016, the program aims to assess all its partner *puskesmas* in each of the four districts to discover each health center's specific needs to improve services and then provide tailored support through to the end of December 2015. With its trial of monitoring tools completed, Kinerja conducted the first of these assessments in Jayawijaya at its three partner *puskesmas* (Hubikosi, Homhom and Musatfak) in September 2015. Similar assessments will be launched in the program's three remaining districts at the start of October 2015.

Apart from the DHO-related activities, PKMK UGM also resumed meetings with officials from Papua's provincial-level training center, Balatkes (*Balai Latihan Tenaga Kesehatan*), which, after some delay showed its strong commitment to replicating the former's Performance Management and Leadership (PML) module in its own training curriculum. Balatkes confirmed that it intended to implement PML at two replication *puskesmas*, Puskesmas Kota Raja in Kota Jayapura and Puskesmas Kampung Harapan in Jayapura. In March 2015, UGM offered some initial instruction to the two health clinics via distance learning but Balatkes' plan to follow up with the two *puskesmas* in the third quarter of FY 2015 did not materialize due to a lack of funding as well as a lack internally of a clear division of tasks.

[38] At the time the trial was carried out, Jayawijaya had a total of 13 *puskesmas*. Since the end of the trial, the district has gained seven new *puskesmas*, bringing the total as of the end of September 2015 to 20.

Kinerja has identified other mechanisms at the provincial level that could help Balatkes to improve performance at the two *puskesmas*, one of which is the PHO's facilitation team.[39] In the coming months, Kinerja will draw on its closer ties with the PHO to try and provide Balatkes with the support its needs to take this initiative forward.

3.1.1 Standard Operating Procedures

Excellent progress was made during the reporting period by all four districts in developing service SOPs and other non-technical SOPs to help ensure the delivery of high-quality health-care services in HIV/AIDs, TB and MCH.

During the course of the Kinerja Papua program, patients have commented that standardized service flows provide them with more certainty in terms of where and when they will be served, while the implementation of SOPs has also helped to increase efficiency at *puskesmas*. MSFs, meanwhile, said that SOPs have raised awareness among health workers on the importance of confidentiality concerning HIV/AIDS, as well as promoting equality in service delivery. In health centers where SOPs have been introduced, patients are handled on a first-come first-served basis as opposed to the former practice of friends and relatives of health center staff being served first.

In November 2014, Kinerja Papua held two workshops in Jayapura to review and refine service SOPs that had been drafted in Q4 FY 2014. The following month, the Jayapura DHO sent 50 of its staff members to Kinerja's Round-2 district of Bulukumba, South Sulawesi, to study the implementation of service SOPs at *puskesmas*. Following the two-day visit, and based on what they had learned, the DHO issued a decree (*surat keputusan* – SK) to implement the SOPs at all the *puskesmas* in the district. The health office also established a team to monitor and evaluate their implementation. In Q3 FY 2015, the SOPs began to be introduced at *puskesmas* across the district,[40] and the head of the DHO signed a circular letter (*surat edaran*) to accelerate the implementation.

In Mimika, Kinerja conducted a training in January 2015 to develop service SOPs for *puskesmas*. The training was attended by DHO officials and staff from all of the *puskesmas* in the district. The draft SOPs were finalized thereafter with the aim of being signed in Q3 FY 2015 by the head of the DHO as well as *puskesmas* heads. However, as reported in the Kinerja Papua Quarterly Report April-June 2015, a change in leadership at the DHO occurred during the quarter, with the result that the SOPs remained unsigned as of the end of September 2015. Kinerja Papua staff will endeavor during the coming months to revisit this issue with the Mimika Health Office, as well as several other agreements that had been established with the departing DHO head, in the hope that they will be implemented.

In Jayawijaya, Kinerja organized a workshop in November 2014 to develop SOPs, which was attended by staff from each of the district's 13 *puskesmas*. In the second quarter of the year, the head of the DHO signed all the SOPs ready for implementation at each of the district's

[39] The PHO facilitation team was established with support from UNICEF and, as such, has maintained close collaboration with UNICEF to provide technical assistance to *puskesmas* and, to a lesser extent, DHOs. The team consists of PHO officials, Cenderawasih University lecturers and Balatkes staff.

[40] The necessary supporting documentation for these SOPs had not been received by Kinerja's monitoring and evaluation (M&E) staff by the end of June 2015. Therefore, they are not recorded as additional achievements in the PMEP table for April-June 2015 (Annex B-1).

puskesmas. The DHO's commitment to utilizing SOPs to improve health-care services in the district was evident when it funded a second workshop this year, in April 2015, to produce additional SOPs for all its health centers. The workshop, which was facilitated by Kinerja's short-term technical advisor (STTA), resulted in the drafting of 10 new SOPs.

A similar workshop was also held in June 2015 in Kota Jayapura to produce service SOPs for every *puskesmas* in the district. Enthusiasm was high among health center staff, given the fact that at least one representative from each of the district's 12 *puskesmas* attended the training. However, due to competing priorities, officials from the DHO were unable to attend, with the result that no SOPs were fully drafted by the end of the training. Nevertheless, the aim for each *puskesmas* is to adopt two service SOPs on MCH integrated with HIV/AIDS.

3.1.2 Absenteeism Study

Kinerja Papua commissioned a study in FY 2014 into the causes behind health workers' absenteeism, which is a widespread problem in Papua and a major obstacle to efforts to improve health-care services in the province. Following the study's conclusion, Kinerja convened an Operational Policy Barriers Analysis Workshop in October 2014 to update key district and provincial stakeholders with the results of the study and to identify a list of interventions that could be implemented to reduce absenteeism at the *puskesmas* level.

In determining appropriate follow-up action, special consideration was given to the following factors: Potential impact to address root problems related to absenteeism; policy feasibility; political feasibility; management feasibility and financial feasibility.

Participants in the workshop included DHO staff, Bappeda staff, District Personnel Board (*Badan Kepegawaian Daerah*) staff, *puskesmas* staff and other health experts from all four Kinerja Papua districts.

While the full results from that workshop - plus updates on progress through to September 2015 - are provided in Annex B-2, a summary of the priority policy issues agreed upon by the participants is as follows:

- Jayapura
    1. Issue DHO circular letter regarding mandatory implementation of monthly and quarterly mini-workshops in *puskesmas*, also technical guidance and implementation guidelines;
    2. Budget for and implement integrated supervision and monitoring of *puskesmas*;
    3. Produce a new regulation related to the redistribution of health workers in *puskesmas*;
    4. Develop a checklist and tools for integrated supervision and monitoring and train DHO staff (including training on service excellence).
- Jayawijaya
    1. Establish tribal/local agreement (*kesepakatan adat*) to fine local community members in the event that they harass health workers;
    2. Encourage more participatory and transparent *puskesmas* planning based on MSS in health;
    3. Include an additional component for transport in the compensation provided to health workers based on zones and time traveled by foot;
    4. Establish "fit and proper" tests for selecting and recruiting *puskesmas* heads.

- Mimika
    1. Increase the capacity of DHO and *puskesmas* heads to supervise and provide technical assistance based on existing regulations/guidelines;
    2. Develop a district head regulation/decree on rewarding outstanding employee performance and reduced compensation for low-performing health workers;
    3. Provide housing and strategic logistics for health workers;
    4. Enhance planning and coordination for drug procurement and disbursement between *puskesmas* and DHO.
- Kota Jayapura
    1. Strengthen transparency of primary health-care management with internal controls and display *puskesmas* budget;
    2. Provide timely compensation for *puskesmas* workers based on their performance;
    3. Establish reward/punishment system for outstanding/underperforming health workers;
    4. Conduct integrated supervision – with regular schedule and follow-up after supervision.

As of the end of December 2014, the districts of Jayapura and Jayawijaya had already successfully adopted recommendations put forward at the Operational Policy Barriers Analysis Workshop. The Jayapura DHO released a circular letter that came into effect in Q2 FY 2015, instructing all *puskesmas* to conduct monthly workshops to examine operational issues. The DHO also stated its intention to map the availability and type of existing health workers at the *puskesmas* level to help inform staffing assignments.

The district head of Jayawijaya, meanwhile, requested a total restructuring/reshuffle of *puskesmas* heads to begin as soon as possible. In December 2014, Kinerja Papua assisted the DHO and LG stakeholders to conduct fit and proper tests by providing STTAto support the process and provide tools/instruments for the selection mechanism.

Kinerja's support for Jayawijaya's initiative to adopt fit and proper test was given a resounding endorsement with a visit to the district in February 2015 by USAID/Indonesia Mission Director Dr. Andrew Sisson (see Text Box 11 below).

Further progress was made during the second quarter of FY 2015 after Kinerja held a dissemination seminar on the absenteeism study at the provincial level, which was attended by provincial stakeholders, including donor agencies, as well as district-level stakeholders who had attended the policy barriers workshop in October 2014. The seminar prompted the LGs of all four districts to organize their own workshops to plan the ongoing implementation of policies and decide whether any additional policies should be introduced.

In Jayapura, the DHO issued a new circular letter to monitor health workers' absenteeism in *puskesmas*, and introduced a new policy to reduce staff absence by offering incentives to doctors, nurses and midwives at all *puskesmas* across the district. With Kinerja's assistance, a checklist for integrated supervision was developed and trialed in the district by the DHO's supervisory team.

In Jayawijaya, the selection process for recruiting new *puskesmas* heads was concluded and the names of 20 prospective *puskesmas* heads were forwarded to the district head to finalize their appointments. At the district's workshop in March 2015, the LG decided to expand its

use of fit and proper tests to include the selection of school principals, while the district head indicated that he wanted to see the tests used for recruiting the head of the DHO. As a first step, Kinerja assisted the LG by helping to draft a district head decree to officially institutionalize fit and proper tests for the recruitment of health center heads. Once completed, the draft decree was submitted to the Regional Secretary in June 2015.

Finally, right at the end of the fiscal year, on September 30, 2015, Jayawijaya's Regional Secretary inaugurated 20 new *puskesmas* heads. Of these, 18 had been selected via the fit and proper test process. The total figure of 20 new health center heads also provides further evidence of the LG's commitment to improve health-care services in the district.

Text Box 11: Mission Director praises LG for adopting merit-based selection

During a week-long visit to Papua in February 2015, the USAID/Indonesia Mission Director traveled to Wamena in Jayawijaya to meet with the deputy district head and some of the LG officials who had been members of the fit and proper test selection team, including the heads of the DHO, Bappeda, DPRD's Commission C and the BKD. In feedback following a press conference, USAID announced how impressed the Director was with Jayawijaya's decision to use the merit-based selection process and how it represented a prime example of integrating governance in the health sector.

Also during the weekthe Director visited one of Kinerja Papua's partner *puskesmas* in Kota Jayapura, Puskesmas Tanjung Ria, which hosted a radio talk show to mark the occasion. The talk show, which was aired on Rock FM, also focused on Kinerja's Health Workers' Absenteeism study by discussing ways to ensure that health staff turn up for work in the interests of improving health-care services. The mayor of Kota Jayapura was also in attendance, as were other LG officials, including the head of the city's DHO.

After the talk show, the Director met briefly with members of the district- and *puskesmas*-level MSFs as well as citizen journalists (CJs), and said he was struck by the novelty of Kinerja's approach by utilizing media to advance public services: "I've been to many other health projects in many parts of the world, but this is the first time I've seen an effort to use a public radio talk show or media to improve health service delivery by providing an opportunity for service providers and the community to directly communicate and engage in discussing this issue."

During a press conference at the end of his visit to Puskesmas Tanjung Ria, the Director spoke enthusiastically about the role of media in general and CJs in particular to raise people's awareness about their right to health care and to work to bring about positive change. "The media is really important for supporting the improvement of public services. You can play the role of watchdog, while on the other hand you can also do advocacy work to raise public awareness. Your presence here is part of your contribution to these two roles."

While awaiting the announcement from the LG confirming the appointment of new *puskesmas* heads, Kinerja supported the Jayawijaya administration with the implementation of one of its other priority policies - that of establishing a tribal/local agreement (*kesepakatan adat*) to combat harassment against health workers in the district. Kinerja organized a meeting in March 2015, bringing together a wide cross-section of local stakeholders, including LG representatives and religious and indigenous leaders.

The meeting resulted in the drafting and signing of an agreement, which stipulates that fines and, in extreme cases, prison terms will be imposed on anyone found guilty of harassing health workers or threatening their safety. By the end of June 2015, the sanctions and recommendations laid out in the agreement had been adopted by Jayawijaya's district-level MSF and included in policy recommendations submitted to the DHO, Bappeda and DPRD.

The policy workshop in Kota Jayapura took place in May 2015. The workshop participants, who comprised officials from the DHO and Bappeda together with staff from all of the district's 12 *puskesmas* and members of the district- and *puskesmas*-level MSFs, agreed upon two recommended policies for immediate follow-up and implementation: (1) to assess the effectiveness of the DHO's integrated supervisory and technical guidance team in reducing the levels of absenteeism at *puskesmas* across the district, and (2) to establish a

reward/punishment mechanism for outstanding/underperforming health workers. The LG ultimately intends to introduce the mechanism for health workers at all public health facilities including hospitals, but the scheme's initial rollout will focus on health-care personnel at *puskesmas*.

In Mimika, LG efforts to implement policies to tackle health workers' absenteeism effectively stalled during the third quarter of FY 2015. The LG had previously decided at its workshop in the second quarter to introduce a reward/punishment system for health workers, while the plan for this current quarter was that the head of the DHO would issue an SK to establish the mechanism. The LG also expressed its intention to follow Jayawijaya's lead and introduce fit and proper tests for the selection of *puskesmas* heads. However, as mentioned in the previous section of this report, the head of the DHO was replaced and his successor halted work on the SK. It remains to be seen whether the new DHO head intends to follow up on the fit and proper tests, or any of the other previously-agreed policies, but as of the end of September 2015, no such undertakings had occurred.

With Kinerja's focus concentrated on preparing for the start of its 18-month CE at the end of September 2015, program staff did not undertake any activities relating to the absenteeism study during Q4 FY 2015. However, as mentioned in the Replication of Good Practices chapter in Part A of this report, Kinerja arranged for provincial Bappeda staff, DHO officials from all four of its districts in Papua and representatives from PKMK UGM to attend the annual Indonesia Health Policy Forum (*Forum Kebijakan Kesehatan Indonesia* – FKKI) in Padang, West Sumatra, in August 2015. During the four-day gathering, Kinerja's Deputy Chief of Party (DCOP) Marcia Soumokil gave two presentations, one of which was about Papua's Health Workers' Absenteeism Study and its relation to access to universal health coverage as part of Indonesia's National Health Insurance (JKN) program.

Attending the KKI Forum afforded Kinerja Papua and its LG partners the opportunity to share information about health workers' absenteeism in Papua to health-sector colleagues at a national-level event. More than that, though, it provided the DHO and Bappeda officials the chance to learn more about the JKN program so as to manage *puskesmas* and the provision of health-care services in the context of universal health coverage. The forum also enabled them to discuss other health service delivery issues, as well as to learn about other health programs implemented in districts across Indonesia

3.1.3 Logbook on Contract Doctors

In 2014, the Papua Health Office asked Kinerja Papua to facilitate the development of a scope of work (SOW) and a performance logbook for contract doctors (PTT). The performance logbook was envisaged to be a tool to provide work direction and performance monitoring for medical professionals who are retained under contract by the provincial government to provide services specifically for areas that are remote, underserviced and face significant challenges, particularly in addressing HIV/AIDS. The DHO in Jayawijaya also faced the same need for the management of its PTT staff.

After developing a draft SOW and logbook in mid-2014, a three-month pilot implementation of the logbook began in September 2014 in all four Kinerja Papua districts.

Following the conclusion of the pilot phase in late November 2014, Kinerja Papua commissioned PKMK UGM to begin an evaluation in December 2014 to look at whether

further revisions to the logbook were needed, and to examine how any challenges encountered might be effectively overcome.

PKMK's evaluation found that the commitment to utilizing the logbook at the provincial level was low, which was a surprise given that the initial idea for the logbook was theirs. At the district level, the evaluation found that the degree of commitment varied. The DHO in Jayawijaya, for instance, was the most committed to using the logbook, while the DHOs in Mimika and Kota Jayapura both exhibited the same reluctance to using the logbook as the PHO. The main reason for the PHO's apparent apathy seems to have been that PKMK developed a logbook that was far more complicated than the PHO had expected; added to which, it appears that PKMK failed to communicate why the logbook needed to be so complicated.

The evaluation team also discovered several technical and operational issues with the application, which will need to be fixed before it can be used in the field. These included not being able to save the information entered when pressing "save" on the keyboard; difficulties in editing or altering information that had been entered, and a lack of common understanding among doctors about some of the terminology used due to there being no accompanying glossary.

With PKMK disseminating its evaluation results to PHO and DHO stakeholders in February 2015, Kinerja had hoped that the PHO would follow up on the evaluation findings by repairing the application's technical glitches and moving toward a point whereby the logbook could be used by doctors in all districts across the province. However, the PHO has shown no such commitment to do so with the logbook in its current form.

Despite this setback, the PHO recently stated that it still wants a logbook to assist health-sector officials – both at the provincial and district levels – to monitor the performance of PTT throughout Papua. Kinerja Papua will revisit the logbook and take the issue up with the PHO again in the coming months.

3.2 MRP/DPRD

3.2.1 Enhancing DPRD Capacity to Control Budgeting of MSS

From the onset of the program, Kinerja Papua found that many local legislative members possessed an inadequate understanding of their responsibilities in terms of monitoring and oversight. The program sought to address this weakness in FY 2014 to provide them with further information and help them to read the budgets through training and a series of budget studies and advocacy efforts based on the findings, all of which were to feed into a Papua Health Budget Study.

In Q1 FY 2015, Kinerja Papua IO, the Legislative Monitoring Committee (*Komite Pemantau Legislatif* – KOPEL), sought to maximize the relationships it had built with outgoing DPRD members before their departure from office by hosting a series of technical workshops in all four districts. The activities, conducted throughout October 2014, focused on improving the local legislative bodies' analysis of the LG's accountability report (*Laporan Keterangan Pertanggungjawaban* - LKPJ).

KOPEL also organized meetings between district-level MSFs and DPRD members in Mimika and Kota Jayapura. During these meetings, the MSFs submitted technical policy recommendations based on complaint surveys, as well as copies of service charters.

During its discussions of LKPJ with the executive branch, the DPRDs drew upon the recommendations formulated with KOPEL, as well as the recommendations forwarded by the MSFs and MSS performance assessments. As a result of this technical support, the legislators were able to provide higher-quality feedback and recommendations for future budget planning and implementation plans.

KOPEL also collected budget documents related to DHO plans and expenditures from 2010-2014, and budget plans (*renja*) for 2015. By analyzing this budget data, KOPEL then provided tailored recommendations to each of the DPRDs and lobbied members for improvements in the quality of district health budgets. Initial analysis showed that all four partner districts needed to improve their budgeting to tackle HIV/AIDS, TB and MCH issues. The preliminary analysis also identified that the partner districts lacked commitment at the programmatic level to tackle these issues while at the activity level, budgets were poorly allocated to support effective interventions for health promotion or preventive and curative activities.

Following legislative elections in April 2014, new DPRD members were inaugurated in November 2014 in Kinerja Papua districts, with the exception of Mimika, where new members were installed in January 2015. Given the fact that most of the incoming DPRD members had little legislative experience, KOPEL spent much of January-March 2015 meeting with the new legislators to disseminate the results of the initial analysis that had been undertaken in 2014.

KOPEL followed this up by conducting a two-day training on budget analysis for 21 of the new legislators from all four districts. During the training, which was held in Kota Makassar, South Sulawesi, participants carried out analysis consistent with their respective annual work plans and budgets, and they were guided on how they could incorporate MSS into their health budgets.

The training also included discussions about the key functions of DPRDs, emphasizing that one of their primary roles as legislators is to provide oversight throughout the planning and budgeting process. They were also encouraged to be attentive toward their local communities and make themselves aware of specific problems or major issues that people faced so that they could fight for these issues in their respective electoral districts.

Before its grant ended at the end of June 2015, KOPEL also assisted Kinerja's MSF-supporting IOs, the Mothers' Hope Foundation (*Yayasan Harapan Ibu* – YHI), YUKEMDI and YAPEDA, to facilitate meetings between legislators at each of the district's DPRDs and their district-level MSF counterparts to discuss some of the health-related issues that had come out of things such as complaint surveys, the Papua Health Workers' Absenteeism study and MSS trainings.

3.2.2 Engaging MRP in Conducting Oversight

In working to ensure MSS integration into planning and budgeting of LGs, and working within the framework of Special Autonomy in Papua, Kinerja identified an opportunity to work with the Papuan People's Assembly (*Majelis Rakyat Papua* – MRP). Kinerja Papua had observed that the provincial government, especially the PHO, places a high priority on working with religious and indigenous leaders in ongoing efforts to improve the health status of Papuans. The MRP, as the chosen representatives of these important cultural leaders, is mandated by the law on Papua's Special Autonomy to deliver and agree on Special

Provincial Law. Kinerja Papua considers that the MRP's position and role is crucial in fulfilling Papuan citizens' rights to health, especially those of indigenous Papuans.

Kinerja Papua first engaged its IO, the Independent Consultancy Foundation for People's Empowerment (*Yayasan Konsultansi Independen Pemberdayaan Rakyat* – KIPRa), in FY 2014 to conduct activities with the MRP. However, KIPRa faced a number of roadblocks, which resulted in a two-month delay before activities got underway in Q4 FY 2014.

Thereafter in December 2014, Kinerja Papua facilitated a workshop on MSS-based planning and budgeting for members of the MRP. Organized by KIPRa and facilitated by a member of Kinerja's National Office (NO) staff, the training imparted an understanding of the planning/budgeting process, and basic information about health budgets. The training also helped to raise awareness among MRP members of their strategic position and their responsibilities to improve the quality of their constituents' lives. Members of the MRP appeared enthusiastic about the subject material, and requested further opportunities to engage with Kinerja partners, including MSFs, and DPRDs. However, this workshop was the only activity with MRP members to take place during the entire first quarter of the reporting period.

Despite KIPRa's best efforts, it continued to encounter a series of challenges during the reporting period that severely impacted the continuity it was trying to achieve with its MSS training program. The key challenge was trying to secure the attendance of all the MRP members at a particular training or workshop at the same time. As a consequence, it was decided that KIPRa would continue to try to assist the MRP members in building their capacity on incorporating MSS into planning and budgeting, as well as supporting them to propose recommendations to the provincial government and legislative councils, but that they would do so via one-on-one mentoring rather than through large-scale trainings/workshops.

Due to a combination of challenges facing the program in January-March 2015 (which are described in greater detail in the Challenges chapter later in this report), no mentoring activities took place with the MRP during Q2 FY 2015. However, in March 2015, KIPRa began to make preparations to facilitate small group discussions between MRP members and officials from the provincial government (PG).

To this end, KIPRa organized a two-day event in Jayapura in April 2015 to disseminate the results of the analysis of Papua's provincial health budget to members of the MRP as well as other religious and indigenous representatives. Sadly, not one of the MRP members showed up for the meeting, despite the fact that all those invited had previously confirmed their commitment to attend.

This no-show effectively marked the end of Kinerja and KIPRa's efforts to work directly with the MRP. Looking ahead to Kinerja Papua's 18-month CE program, given the limited resources and timeframe involved, Kinerja has not included this particular component in its overall work plan. Nevertheless, Kinerja continues to recognize the value of engaging with the MRP; therefore, the program will seek to involve assembly members in some of its future activities, wherever possible.

3.3 Enhancing Citizens' Understanding of their Health Rights

As outlined in the FY 2015 Annual Work Plan, Kinerja Papua uses a broad definition of media to support its goals to raise public awareness about their health rights and to stimulate

demand for public service reform in Papua. Through a combined approach of mainstream and alternative media, Kinerja Papua plays a significant role in supporting the effort to change perceptions and actions of community members. Working in collaboration with its two media IOs – the Indonesia Association for Media Development (PPMN) and Forum Lenteng – until the end of May 2015, when grants to both organizations were completed, the program continued to support advocacy efforts by focusing on rights to health care, to develop dialogues with relevant community and government stakeholders and share information about the program's good practices and their benefits.

Media Production and Content Sharing

From October 2014 through May 2015, PPMN fostered the production of 71 articles or news broadcasts with its local media partners. A total of 43 talk shows were aired by PPMN's local radio partners in all four districts, covering issues that included:

- Complaint surveys as a mechanism to improve *puskesmas* services;
- The importance of ensuring health workers' presence at *puskesmas* to improve health-care services;
- The role of SOPs in improving public health services;
- Monitoring service charters and their implementation;
- The use of a mechanism for Social Security Agency (BPJS) capitation funding, and
- The contribution of religious and traditional communities in overseeing health budgets.

During the first three quarters of FY 2015, TVRI aired eight news features, three video bulletins and one live talk show – developed with previous programmatic support – in all four Kinerja Papua districts. Local daily newspapers, including *Timika Ekspress*, *Radar Timika*, *Cenderawasih Pos* and *Suluh Papua*, ran 16 feature articles during the period. interviewing Kinerja Papua's Media Specialist and field staff in Kota Jayapura, while local daily newspapers in Mimika and Jayapura ran four feature articles in the January-March 2015 period.

In Q1 FY 2015, an agreement was reached with local online news outlet *Suluh Papua* to publish the work of Kinerja Papua CJs. In addition to publishing their work online, CJs continued to post hard copies of their work at partner *puskesmas* and LG offices, such as DHOs and Bappeda, as a way of reaching wider audiences among public health service providers and users.

The one live talk show referred to above was the outdoor talk showwhich took place in February 2015 at Puskesmas Tanjung Ria in Kota Jayapura, to mark the visit to Papua of USAID/Indonesia Mission Director Dr. Andrew Sisson (see section 3.1.2 in this chapter for more details).

PPMN's steadfast approach to its local partners created relationships that have exceeded expectations. The original target for Indicator 18 in the PMEP shows that, as of the end of June 2015, the program had achieved 279 percent of its original goal for utilizing mainstream media outlets to highlight MCH, HIV/AIDS and TB issues, and the governance of health-care service delivery.

Citizen Journalism

During the citizen journalism activity's lifetime, Kinerja Papua met 225 percent of its program target of 40 active CJs. To assess "active" CJs across the program (as opposed to during a quarter), the M&E team recorded journalists that had been active during at least one quarter during the program. Journalists active in multiple quarters were not recorded twice against the program target. By the end of June 2015, a total of 90 CJs were "active". Kinerja Papua feels the levels of CJ involvement have been impressive, given the lack of a literary culture in many parts of the province and the fact that CJs participate on a purely voluntary basis.

As FY 2015 progressed, Kinerja's media IOs reported that CJs continued to grow stronger in their writing, as well as in their use of interview techniques and photo journalism. By the end of June 2015, with their work becoming increasingly accessible and well-known, CJs in all four districts had come to be regarded as the watchdogs of *puskesmas*.

Articles produced by CJs, whether online, in mainstream media or on social media, as well as their "appearances" on radio talk shows have continued to have a significant impact at health-care facilities and on the staff running them to improve the quality of the services they provide. Their work throughout FY 2015 continued to focus on issues including MCH, TB, HIV/AIDS and gender-based/domestic violence, and accountability of the services provided.

Residents in Jayapura remarked how a number of health facilities that had previously been neglected are now given much more attention and offer a far better experience for patients, thanks to the efforts of CJs. Nurse Helena, a health worker at Puskesmas Sentani, highlighted the information bulletins distributed by PPMN and CJs to patients and their families at *puskesmas*, explaining that they were incredibly useful as they provided patients with general health information as well as the services available at *puskesmas*.

In January 2015, several CJs from Kota Jayapura and Mimika contributed as writers and editors for a book published by the Women and Children's Development Agency (*Lembaga Pengembangan Perempuan dan Anak* – LSPPA). Entitled *Integrated Service Mentoring Program for Women and Child Victims of Violence based on Public Service Standards*, the book aims to disseminate information about the handling of and services for women and children who have become victims of violence, especially domestic violence, in accordance with MSS.

Kinerja Papua helped to garner greater exposure for its CJs during the year by sending four individuals to attend the national citizen journalism festival in Surabaya, East Java, on October 18-19, 2014, where they shared their experiences and had an opportunity to learn from other CJs from other provinces. Also in October 2014, Kinerja sent CJs from Jayawijaya and Mimika to participate in a national workshop held at the American cultural center, @america, in Jakarta (see the Replication of Good Practices chapter in Part A of this report for more details).

The program's efforts paid off as, during FY 2015, Kinerja Papua CJs began to attract attention from outside Papua. Forum Lenteng was contacted by the deputy coordinator of "Documentary Days" – an event sponsored by the University of Indonesia's economics department – requesting permission to screen documentaries produced by CJs. Held under the theme *Voice of The Voiceless: Speaking On Behalf of The Unheard*, this year's "Documentary Days" featured screenings and discussions of Kinerja Papua CJs' works on November 24-29, 2014 in Jakarta.

The work produced by Kinerja Papua CJs even began to attract international attention. After seeing the quality of CJ films that Forum Lenteng had screened at the International Documentary and Experimental Film Festival in Jakarta in September 2014, the National Library of Australia (NLA) requested DVD copies of the films in the first quarter of FY 2015. The films were sent to Canberra where they have been included in the NLA so that they can benefit researchers, academics and the Australian public who want to better understand Papuan issues, particularly those relating to public service governance.

As part of its sustainability strategy, Forum Lenteng not only created media centers but also established local community groups dedicated to promoting citizen journalism through alternative media channels. Forum Lenteng partnered with Komunitas Riyana Waena (Kota Jayapura), Komunitas Yoikatra Timika (Mimika), and Komunitas Hiloi Sentani (Jayapura), and these groups almost immediately began to receive non-program support for their continued activities.

Text Box 12: CJs use film to great success to highlight local health-care issues

Komunitas Riyana (Kota Jayapura) produced a film entitled *Dialog*, which explores the voices and opinions among community members about HIV/AIDS and the effect they have on the health of women and children.

Komunitas Hiloi (Jayapura) produced the film *Poster Hidup* (Life Poster), which looks at the active role played by members of the subdistrict MSF in Sentani and the work it does to disseminate information to the public about health, specifically in relation to HIV/AIDS and TB.

Komunitas Yoikatra (Mimika), meanwhile, produced a film entitled *Tiga Mama, Tiga Cinta* (Three Mothers, Three Loves), which tells the story of the journeys taken by three women from Mimika, each of whom has devoted herself to public service but each with a different background and profession: One is a nurse; one is a health volunteer, and the third is a counselor. The film follows their experiences as they each, in their own way, try to offer good quality health care.

All three films received critical acclaim both at home and abroad during FY 2015.

Tiga Mama, Tiga Cinta was screened on April 4, 2015, as part of the second Media for a Healthy Papua (*Media untuk Papua Sehat*) film festival in Kota Makassar, South Sulawesi. Members from all three community groups attended the festival, which was organized by Forum Lenteng. The film was screened again later in the quarter, on June 5, 2015, in Timika.

Poster Hidup was screened at the ARKIPEL International Film Festival in Jakarta on August 28, 2015, and was also the subject of a post-screening discussion. It was very well received by the audience, which included university students from Eastern Indonesia, journalists and health-care campaigners.

Then in September 2015, both *Tiga Mama, Tiga Cinta* and *Poster Hidup* were screened at the International Filmmakers Forum in South Korea. The response to both the films by other filmmakers at the forum was extremely positive, which is an indication of just how far the Kinerja Papua CJs have come in developing their creative capabilities and technical skills.

To round off what has been the most remarkable year in terms of achievement by the three community groups, academic film distributor Alexander Street Press announced in September 2015 that it planned to distribute all three films, plus 12 additional short documentaries produced during Forum Lenteng's first grant period, under the title *Film Halaman Papua* to its 40 member universities in the United States and Australia.

Komunitas Riyana and Komunitas Hiloi began collaborating with UN Women to produce two short documentaries on the role of women in health and peace in Papua. The UN agency had seen material produced by both groups screened at events in the province and was so impressed that it immediately approached them with offers for further work. The two communities were also approached by Jaya TV, a local television station in Jayapura, which televised short films that the two groups had produced in collaboration with Forum Lenteng. Jaya TV was so impressed with the material that it has given the two groups a regular slot, once a month, to feature new material that they produce.

Komunitas Yoikatra responded to a request during Q2 FY 2015 by the USAID-IFACS program to help them make a documentary about deforestation and climate change in Mimika. In addition, local community figures asked the group to make five short films

covering topics such as weddings, funerals and traditional songs. The group also completed a feature-length documentary, *Behind the Garden of Eden*, on the importance of preserving forests, which had its first screening in Timika on April 24, 2015.

By way of marking the end of their collaboration with Forum Lenteng, with the completion of the latter's grant in May 2015, all three community groups completed production in Q3 FY 2015 on feature-length documentaries focusing on issues pertinent to their respective districts (see Text Box 12 above).

With an eye on its upcoming CE, Kinerja Papua collaborated with local organization JERAT Papua in April 2015 to facilitate a two-day training in Kota Jayapura for CJs, health workers and MSFs from Kinerja's four districts to build their capacity with the long-term objective of creating an information network, through cooperation between community members and health workers, in order to improve public services as well as promote a more even distribution of information throughout Papua.

The training program comprised two main activities: (1) a training for CJs on the SMS Gateway complaints reporting system, and (2) a workshop to map the key issues facing each of the districts. By the end of June 2015, two briefing papers were produced: one on TB and the other on violence against women and children. A further two briefing papers are expected to be produced in the next quarter, while the long-term vision for this initiative is to ensure that there is a clear link between the SMS Gateway system and service providers/managers to produce a workable complaint-handling mechanism.

3.4 Supporting Demand for Health Services - MSF Engagement

As reported in the Kinerja Papua Annual Report FY 2014, by the end of September 2014 all 12 partner *puskesmas*- and four district-level MSFs had made incredible progress in less than a year since their formation, by successfully designing and implementing complaint surveys and analyzing the survey results to draw up service charters to address issues at the *puskesmas* level and technical recommendations for follow-up at the district level.

With all service charters and technical recommendations signed by both supply and demand stakeholders in FY 2014, Kinerja Papua IOs CIRCLE Indonesia, YHI, YUKEMDI and YAPEDA provided mentoring support to the MSFs during the first quarter of FY 2015 as they continued with the process of monitoring and evaluating the implementation of the charters and recommendations. Preliminary results indicated high levels of LG responsiveness to the issues raised, as illustrated in the table below, which shows the progress made during the last quarter of FY 2014 in implementing the pledges made in the service charters.

Table 4: Service Charter Monitoring Results as of the End of FY 2014

District	Number of Commitments	Main Issues	Implemented
Kota Jayapura	33	Public health insurance (Jamkespa, BPJS) socialization. Outreach, health promotion and health services Human Resource Management (reward and punishment system for staff absenteeism) *Puskesmas* Service Standards (SOPs, service hours, patient care)	19 (58%)
Jayapura	60	*Puskesmas* infrastructure (water and sanitation) Outreach, health promotion and health services Human Resource Management (staff incentives) *Puskesmas* Service Standards (SOPs, service hours, patient care)	57 (95%)
Mimika	45	MCH (midwife and traditional birth attendant partnerships) *Puskesmas* Service Standards (service hours, patient care, SOPs) MCH outreach, health promotion and health services Human Resource Management (reward and punishment system for staff absenteeism)	43 (96%)
Jayawijaya	22	Human Resource Management (reward and punishment system for staff absenteeism) Outreaching health promotion and health services *Puskesmas* Service Standards (service hours, patient care, SOPs) Local language and security issues	14 (64%)

MSFs completed their M&E activities at the end of Q1 FY 2015, while LGs continued to show their commitment to fulfilling the promises made in the service charters. Between October 2014 and the end of June 2015, an additional 31 promises were fulfilled at partner *puskesmas* in Jayawijaya (27) and Kota Jayapura (4). These additional achievements brought the total number of promises fulfilled to 154, or an overachievement by 257 percent of the overall program target of 60.

The focus in the second and third quarters of FY 2015 turned to building the capacity of MSF members to begin advocating to their LGs to increase their health budget allocations, and also to further explore the MSFs' sustainability strategies.

In February and March 2015, CIRCLE held two-day budget advocacy workshops for each of Kinerja's MSF-strengthening IOs, YHI (Jayapura), YUKEMDI (Jayawijaya) and YAPEDA (Mimika) and the MSFs in all four districts. By way of follow-up, CIRCLE conducted a series of three-day workshops in April 2015 for the MSFs to assist them in drawing up policy recommendations to provide the basis for their advocacy efforts with their respective DHOs and DPRDs. By the end of the workshops, each of the MSFs had successfully drafted a set of policy recommendations based on three focus areas: (1) the availability of health workers at *puskesmas*; (2) the fulfillment of MSS commitments in LG health budgets; and (3) increasing the allocations of LG health budgets.

As mentioned earlier in section 3.1.2 of this report, in its recommendations relating to the availability of health workers, the district-level MSF in Jayawijaya also included the sanctions laid out in the tribal/local agreement that was finalized in March 2015.

Later in the third quarter of FY 2015, Kinerja IO KOPEL facilitated meetings between the MSFs and their supporting IOs and legislators at each of the district's DPRDs. Thereafter, YHI, YUKEMDI and YAPEDA supported the MSFs to submit their policy recommendations to DHOs and Bappeda offices by the end of June 2015. At the time of writing, there was no confirmation as to whether any of the four LGs had incorporated one or more of the MSFs' recommendations in their mid-year annual budget revisions, but once implementation of Kinerja's CE begins in October 2015, information will be gathered and reported in the next quarter.

At the same time as continuing to develop their capacity and broaden their skill sets, the MSFs held a series of internal meetings between January and June 2015 to discuss their long-term future and sustainability. Kinerja has long advocated that MSFs at both district and subdistrict levels be offered formal, legal status. Such institutionalization would not only provide MSFs with regular operational budget funding but would also offer them legitimacy as recognized civil society representatives, in a position to offer valuable input toward the development of public service policy.

Good progress was made in this regard during the six months through to the end of June 2015. After some fairly intensive lobbying on the part of the MSFs, the LGs in all four districts produced draft decrees in the third quarter of FY 2015, offering the promise of full legal status to district and/or subdistrict MSFs.

The LG in Jayapura completed a draft *perbup* to institutionalize the district-level MSF, as well as a draft subdistrict decree for MSF Robbong Holo in Sentani. Both Jayawijaya and Mimika produced draft *perbup* for their respective district-level MSFs, while in Kota Jayapura, the mayor drafted a decree for the district-level MSF, as well as decrees for *puskesmas*-level MSFs in three subdistricts (Abepura, Jayapura Utara and Muara Tami) that contain Kinerja's partner *puskesmas*. Significantly, the three subdistrict decrees were also the first to be signed in June 2015.

In order to capitalize upon the signing of the three decrees in Kota Jayapura, Kinerja Papua's LPSS hosted a workshop on June 26, 2015 for the replication of MSFs at each of the five non-partner *puskesmas* in the three subdistricts. The workshop was attended by the heads of the *puskesmas*, DHO officials and members of the local community. At the end of the workshop, the DHO expressed its intention to develop and fund activities to allow each *puskesmas* to replicate Kinerja's approach to improve health-care services.

In addition to their lobbying efforts in Q3 FY 2015, MSF members in Kota Jayapura and Mimika also attended gender trainings organized by LSPPA, which recognized the significant role MSFs can play in supporting victims of domestic abuse and advocating for the better handling of gender-based violence (GBV) cases. (Details of these trainings are provided in the Gender section later in this chapter).

Kinerja Papua also resumed efforts during the reporting period to follow up on an initiative it had launched in FY 2014 to engage with religious and *adat* leaders in all four districts and encourage them, by virtue of their respected standing in their communities, to become proactive partners with MSFs in advocating for improved public services, especially in the health sector. Following a series of focus group discussion (FGDs) facilitated by Kinerja in FY 2014, it became apparent during the first quarter of FY 2015 that although some of the religious and *adat* leaders had joined MSFs, they had not become fully integrated within the forums or totally engaged.

To address this, during the January-March 2015 period, Kinerja Papua's Local Health Governance Specialist (LHGS) began to work in close coordination with the program's IOs to facilitate stronger linkages between MSFs and the religious and *adat* leaders, who had originally been trained by KIPRa. Ahead of the budget advocacy trainings given to MSFs in March 2015, Kinerja facilitated a workshop in Jayapura in February 2015, again led by KIPRa, offering religious and *adat* leaders an initial grounding in budget analysis.

This was followed in March 2015 by another workshop in Jayapura, this time led by Kinerja's LHGS, to more fully integrate the religious and *adat* leaders into the district-level MSF. These linkages were enhanced through joint advocacy activities through to the end of June 2015, which focused on lobbying LGs to increase their health budgets and reducing absenteeism among health workers.

3.5 Cross-cutting issues

3.5.1 Minimum Service Standards

As laid out in the Annual Work Plan for FY 2015, Kinerja Papua support for the application and integration of MSS in planning and budgeting at the district level entered the final stages of the programmatic cycle, focusing primarily on monitoring and evaluation activities.

During October–December 2014, Kinerja supported the implementation of action plans, which had been previously developed in May 2014 with program support, to monitor and evaluate MSS achievement. As activities got underway, it became clear that Kinerja Papua's earlier activities had been successful in building local capacity, and most government offices had reached a level of self-sufficiency in conducting evaluations of this technical program.

The program also saw impressive progress during the quarter in a number of other aspects. An agreement was reached regarding MSS targets for 2015 with the administration of Kota Jayapura with regard to the DHO and *puskesmas* budgets for 2015. In Kota Jayapura, as well as in Mimika, the program witnessed improved cooperation between its partner DHOs and *puskesmas* in jointly developing plans to improve MSS achievement. Though still in the early stages, the coordination between *puskesmas* and DHOs showed positive indications, as both sides appeared ready and willing to agree upon and work toward achieving MSS targets.

Kinerja also organized a comparative study for supported DHO and *puskesmas* staff from Jayapura to visit a *puskesmas* in Bulukumba, South Sulawesi, which helped to overcome operational challenges in the application of MSS, as well as to stimulate further commitmentto achieving previously-established targets.

Kinerja Papua mentoring support also helped to further develop the skills of local stakeholders in Jayawijaya to conduct evaluations of the action plans that had emerged from earlier program activities.

The parameters Kinerja Papua used to measure success in health MSS technical assistance, and the targets for each parameter, are presented in the following table:

No	Parameter	Data Measured	Targets
1	MSS application in planning process	Number of districts/cities calculating costs of priority activities to achieve MSS (MSS costing).	All Kinerja districts/cities have completed the Health MSS Costing
2	Utilization of activity prioritization results and/or MSS costing in a plan/budget document	Number of districts/cities utilizing activity prioritization results and/or MSS costing in budget negotiations	All Kinerja districts/cities have prepared their budgets based on the activity prioritization results and/or Health MSS costing
3	Annual MSS achievement evaluations	Existence/absence of annual MSS achievement evaluations	All Kinerja districts/cities conduct evaluations of Health MSS achievements at the end of each year or in quarter I of the following year.

Further progress was made during the second quarter of FY 2015 in ensuring that all districts were at a similar level of capacity in terms of integrating the results of their MSS costing analysis into planning documents. With MSS costing in Mimika having been agreed upon and received by the DHO in the previous quarter as input for the drafting of its five-year strategic plan, its work plan, and its annual work plan and budget, the focus in Q2 FY 2015 was on enabling the DHO to integrate its MSS costing into all these budgets and thereby bring the district to a similar level of capacity as the other three districts in terms of integrating MSS costing analysis into planning documents.

To that end, Kinerja supported a workshop in January 2015 for DHO staff in Mimika on MSS integration, during which the DHO created a list of priorities to be incorporated into its planning and budget documents. At the time, Kinerja planned to evaluate the extent to which Mimika had integrated its MSS costing in May 2015. However, as reported in the last quarterly report (April-June 2015) and earlier in this report, the head of the DHO in Mimika was replaced at the end of March 2015, accompanied by a staff rotation. As a consequence, Kinerja Papua's LPSS spent much of the third quarter of FY 2015 meeting with the new DHO head to familiarize him with the MSS program and the level of proficiency the district had reached and, most importantly, try to gain his support for the program to ensure that the progress made was not lost.

Before the staff rotation, Kinerja had expected full integration of MSS costing in Mimika to be completed in June 2015, but that timeframe was initially set back to the end of July 2015. As of the end of September 2015, no further progress had been made by the DHO, indicating that the new head's commitment to the program is not the same as his predecessor's. Moreover, a draft *perbup* on implementing MSS in the health sector, which was drafted shortly before the installation of the new DHO head, is still waiting to be signed.

Despite this setback in Mimika, continued progress was achieved in other districts. As of the end of June 2015, the results of Kinerja's technical assistance to its four partner districts were as follows:

No	Parameter	Kota Jayapura	Jayapura	Mimika	Jayawijaya
1	MSS application in planning process (cost analysis has been completed)	✓	✓	✓	District-level MSS costing analysis reviewed by DHO
2	Utilization of activity prioritization results and/or MSS costing in a plan/budget document	✓	✓	✓	Completed at *puskesmas* level only
3	Annual MSS achievement evaluations	✓	✓	✓	Conducted on November. 18-20, 2015 at *puskesmas* level only

As the above table shows, all districts, except Jayawijaya, who chose to implement the MSS cycle initially at the *puskesmas* level only, have MSS costing in place. However, in Q2 of FY 2015, Jayawijaya's DHO launched MSS costing analysis at the district level and reviewed the analysis in June 2015. The other three districts, meanwhile, had previously fulfilled their annual MSS achievement evaluations.

Having reached the end of the programmatic cycle, Kinerja's primary focus during the April-June 2015 period was on continuing to encourage all four districts to issue regulations on MSS implementation.

Reference has already been made to the draft *perbup* that is awaiting signature and follow-up in Mimika. In Jayapura, a similar *perbup* was drafted toward the end of June 2015. In July 2015, it was reviewed by the DHO together with the district's Legal Bureau, with a view to its being signed and issued shortly thereafter, but no confirmation had been received by the end of September 2015. Meanwhile in Kota Jayapura, a district head decree on MSS implementation has not yet been drafted. Part of the reason for this was that Kinerja staff limited their MSS activities in the district during Q3 FY 2015, deciding instead to focus on MSFs and their advocacy efforts for MSS with the DHO, Bappeda and DPRD, where there was an immediate need.

A key challenge for Kinerja throughout the program has been the lack of trainers and facilitators who are able to continue this work, even at the provincial level. In order to address this, Kinerja organized a three-day TOT in Kota Jayapura in January 2015 to train district facilitators on the implementation of MSS in local planning and budget documents. The TOT was attended by DHO officials from all four districts together with *puskesmas* staff. Representatives from each district's DPRD and Bappeda office also participated as resource persons, to provide the trainees with some of the practical realities involved in the planning and budgeting process.

With most of the districts having calculated their MSS costing, the 19 newly-trained facilitators (four per district plus three for the provincial level) returned to their respective districts to ensure that the MSS costing results were applied in LG planning and budgeting.

In September 2015, trained facilitators in Jayapura organized two workshops for DHO officials. The first workshop produced an annual work plan and budget incorporating MSS, while at the second, DHO officials decided upon clearly defined MSS indicators that can be used as a benchmark in the district's efforts to achieve MSS in health.

Right at the end of the reporting period, on September 30, 2015, Kinerja's LPSS facilitated a workshop for DHO officials and *puskesmas* staff in Kota Jayapura to analyze the results of the district's M&E of its mid-year MSS achievements.

3.5.2 Gender

Through the Yogyakarta-based LSPPA and Jakarta-based Women's Health Foundation (*Yayasan Kesehatan Perempuan* - YKP), Kinerja Papua applied a three-pronged approach to address GBV, by: (1) assisting LGs to provide integrated services based on MSS for women and children affected by violence; (2) building the capacity of health workers around the provision of health care in the context of GBV, and (3) working with the community to raise awareness about and address GBV, including working with young people on adolescent reproductive health and healthy relationships in Mimika (as a modification of the model used by Kinerja to address child marriage in Bondowoso, East Java).

Between October 2014 and June 2015, LSPPA continued its work in Mimika and Kota Jayapura to support LG counterparts to improve the handling of domestic abuse cases, and it also furthered its efforts to create support groups for victims of domestic abuse.

Amid an environment of political turnover and uncertainty, progress in Mimika during Q1 FY 2015 was slower than had been expected. Incoming government staff displayed low levels of understanding of the issue, and the District Family Planning and Women's Empowerment Office (*Badan Pemperdayaan Perempuan dan Keluarga Berencana* - BPPKB) was slow to respond to LSPPA's efforts and encouragement to forge ahead with revisions to the final draft of the district action plan (RAD) that it had proposed towards the end of FY 2014. Furthermore, draft SOPs on integrated services underwent a process of revisions by the Integrated Services for the Protection of Women and Children Program (P2TP2A) team. Many members of the team were transferred in connection with ongoing political transition in the district, and those who were left in place were reluctant to take up new initiatives as rumors about further staffing changes circulated.

However, during April-June 2015 and with the political climate calmer, LPSSA's final draft of Mimika's action plan was approved and signed by the head of Bappeda following discussions between the BPPKB, Bappeda and other key stakeholders, including the DEO, DHO and Social Welfare Office, to agree upon annual activities during the plan's five-year implementation period. Looking ahead, the LG aims to start providing funding for the RAD from its 2016 APBD.

The political climate in Kota Jayapura proved to be much more conducive to progress during the first quarter of the reporting period. Kota Jayapura's RAD on the prevention of GBV, which had been finalized during the previous quarter, was formally adopted in December 2014. Among other things, the action plan provides for the establishment of a multidisciplinary, interagency task force under the direction of the BPPKB. Most related LG technical offices included activities relating to the implementation of this action plan in their budget requests for 2015. Final drafts of SOPs on integrated services were also produced by the district's P2TP2A team during Q1 FY 2015.

LPSSA also held an initial training in Mimika in November 2014 to help young adolescents as peer educators disseminate information about where those affected by domestic abuse could go for support. However, the agency found that its approach needed adjusting; so, instead, it opted to train 20 teachers to educate young people not only in schools but also in religious settings. From the end of September 2014 into early October 2015, the 20 teachers held a total of 40 training sessions, which reached more than 1,300 young people with messages about gender, health, sexual health, GBV, drug use and HIV/AIDS.

Group meetings for the survivors of domestic abuse and GBV continued during the reporting period in Mimika with a meeting in November 2014 and June 2015. Similarly in Kota Jayapura, Kinerja Papua continued to support group meetings for survivors of GBV in the district. A meeting was held on November 1, 2014 in Kampung Nafri, and attended by eight survivors. They discussed domestic violence cases and the contents of a new leaflet on the subject that had recently been published by LSPPA.

LSPPA also compiled a book of good practices in collaboration with MSFs in Kota Jayapura and Mimika to highlight successful instances in which SOPs for handling victims of domestic abuse had been implemented. Stories were compiled from the *puskesmas* level, as well as from the perspectives of MSFs and district technical working units (SKPDs). The book was

distributed to associated stakeholders, including IOs, MSFs, CJs, *puskesmas* staff, DHO heads and other SKPD staff, from October 2014 through March 2015.

In February 2015, YKP held a three-day advocacy training in Mimika on adolescent reproductive health (KESPRO) to combat the low awareness among young people in the district about reproductive health issues and GBV. The longer-term aim of the training, which was attended by teachers, members of district- and *puskesmas*-level MSFs, local villagers and women leaders, was to encourage the participants to develop a RAD to support the sustainability of advocacy efforts throughout the district. The training was opened by the winners of an essay and poster competition, which YKP had launched in November 2014, as an additional method to raise awareness about reproductive health issues.

With their grants from Kinerja due to end – YKP in May 2015 and LSPPA in June 2015 – both organizations undertook a series of trainings to consolidate achievements made during previous quarters. MSF members were also invited to join some of the trainings in recognition of the important role they can play in supporting victims and advocating for improved domestic-abuse services.

LSPPA hosted two trainings in Kota Jayapura in April 2015, and a further two in Mimika in June 2015. The first of these was for MSF members and survivors of domestic abuse and GBV to pass on basic counseling techniques when dealing with victims of GBV and to provide information on where to refer such cases.

The second training, which took place at the Bappeda office in Kota Jayapura, was specifically aimed at medical workers and members of integrated services, such as police, DHO staff and social welfare officers, to increase their awareness and capacity in providing specific services and medical treatment to women who had been subjected to violence. The lead trainer was a doctor with the Integrated Services for the Protection of Women and Children Program (P2TP2A) in Jakarta. The topics included how to recognize cases of GBV and encourage women to report them; and how to fill out medical reports in such cases – bearing in mind that even if a women chooses not to report a case in the first instance, the details in a medical report can be used as evidence if she changes her mind and files charges at a later date.

The first of LSPPA's trainings in Mimika in June 2015, which was for members of integrated services, focused primarily on how to deal with survivors of GBV, offer basic counseling techniques and make referrals. This was followed by a further two-day training which, like the first training in Kota Jayapura, was directed at survivors of GBV and MSF members.

LSPPA also conducted mentoring sessions for survivors of domestic abuse in Kota Jayapura (Kampung Kayu Batu) in May 2015 and Mimika (Mapurujaya Subdistrict) in June 2015.

YKP returned to Mimika in April 2015 to follow up the advocacy training on KESPRO that it had hosted in February 2015. Working with one group of teachers and students and another comprising community representatives and parents, YKP had both groups carry out surveys in their respective schools and villages to collect data to gauge the levels of domestic abuse and GBV in both areas. The surveys were completed and initial reports written but YKP's limited time frame meant that no follow-up was possible. As Kinerja Papua will not be continuing its work on GBV during the 18-month CE, the program aims to identify local CSOs to take this and other gender-related initiatives in both Mimika and Kota Jayapura forward.

Two CSOs that may be considered are Kinerja IOs YHI and YAPEDA, both of whom conducted gender workshops during the third quarter of FY 2015. YHI led two workshops, in Jayapura and Kota Jayapura, to raise awareness among MSF members about gender issues and encourage them to reflect upon their own perceptions relating to gender. YAPEDA held a similar workshop for MSF members in Mimika. Although the workshops were only basic introductions to the subject, they signal the fact that Kinerja's efforts to build the capacity of these Papua-based organizations has succeeded to the point where they feel sufficiently confident to work in other areas beyond their main MSF-support role.

4. Replication

In contrast to Kinerja Core, replication in Papua focuses only on within-district replication in the four districts. The strategy applied uses the compilation, documentation and distribution of good practices and the implementation of TOTs, in which staff from other *puskesmas* are encouraged to participate, as well as the establishment of related district polices.

4.1 Knowledge Management of Good Practices

For the past few quarters, Kinerja Papua IO BaKTI has focused on documenting good practices that have arisen from Kinerja Papua interventions in its four partner districts, including the management of SOPs, implementation of MSS, complaint-handling mechanisms and MSFs.

In addition to facilitating PMC meetings, as noted in an earlier chapter of this report, BaKTI was assigned the responsibility of organizing the second Good Practice Seminar, which will promote Kinerja Papua achievements across all four districts. When the program was granted its no-cost extension, the seminar was planned to take place in April 2015. Due to staff shortages in Q2 of FY 2015, it was rescheduled for June 2015 but following USAID's announcement in April 2015 that it wished to extend the Papua project for a further 18 months, the seminar was rescheduled again for September 2015.

As part of the preparations for the seminar, BaKTi produced four videos detailing the following Kinerja good practices:

- MSS Costing Integration
- Complaint Mechanisms (complaint surveys or complaint boxes)
- MSFs in Health at the Service Delivery Unit (SDU) Level
- Integrated Services for GBV Victims

The process of completing production on the videos and finalizing them took longer than anticipated, due in part to BaKTI's efforts to involve CJs trained by Forum Lenteng to record some of the footage and help edit the final products. Despite being more labor-intensive, this approach has nevertheless helped to support local capacity development and, in turn, boost the sustainability of CJs to continue their work independently of Kinerja.

BaKTI completed production on all four videos during Q3 FY 2015. However, following a review, Kinerja asked BaKTI to make some minor revisions to two of the videos, namely Complaint Mechanisms and MSFs in Health at the SDU Level. The remaining two films (MSS Costing Integration and Integrated Services for GBV Victims) were finalized to the

program's satisfaction and were recorded as two additional achievements for the third quarter of FY 2015, as detailed under PMEP Indicator 21 (see Annex B-1).

The Good Practice Seminar finally went ahead on September 8-9, 2015 in Kota Jayapura. The event proved to be a great success. Attended by around 200 people - including PG representatives, LG officials from each of Kinerja Papua's four districts, staff from Kinerja's partner *puskesmas*, MSFs and local and international organizations - the seminar afforded Kinerja the opportunity to disseminate information about its good practices that have been adopted and implemented at the district and SDU level. Examples included the provision of village funds for health volunteers to combat TB in Jayapura following intensive advocacy efforts on the part of the district-level MSF, and the beneficial impact of complaint surveys toward improving health-care services, drawing on the example of Puskesmas Koya Barat in Kota Jayapura which, as a result of implementing complaint surveys, now has its own ambulance to respond to medical emergencies.

With representatives from USAID's Health Office also in attendance, during a five-day fact-finding visit to Kota Jayapura and Jayawijaya, the seminar also allowed Kinerja Papua to formally announce to its supply- and demand-side stakeholders the program's upcoming extension, with special emphasis on the fact that Kinerja will be working in the education sector as well as health during the CE.

BaKTI managed to engage all the stakeholders in a very productive discussion on the first evening, leading to agreement among those present that both government and civil society stakeholders are crucial elements in providing good-quality services. What was particularly impressive was to see the tremendous levels of buy-in among the LGs.

The workshop that was held during the two days was also well prepared by BaKTI. The atmosphere created was very interactive; several talk shows were organized that encouraged the participants to reflect upon what they had learned and to identify potential areas for improving their own health-care services. It was extremely rewarding to see that every district had something to share.

In addition to the high turnout by Kinerja Papua partners, the event also attracted local media interest, with a write-up in the local *Cenderawasih Pos* newspaper as well as coverage on Papua TV.

4.2 Replication within Kinerja Districts

During FY 2015, Kinerja continued to build upon the momentum established in the previous fiscal year to expand the reach of its good practices to additional *puskesmas*. Kinerja continued to provide trainings for non-partner *puskesmas* in all four districts and as of the end of June 2015, the program recorded 30 good practices as having being adopted at 17 additional *puskesmas*, as shown in PMEP Indicators 19 and 20 (see Annex B-1).

As mentioned earlier in this report, Kinerja Papua provided further support for efforts to design, implement and refine SOPs, which have served as one of the most popular good practices for replication. In November 2014, the program held two workshops to review and refine service-related SOPs for *puskesmas* in Jayapura, followed by a workshop the same month for staff from all of the *puskesmas* in Jayawijaya. Non-partner *puskesmas* in Jayapura made progress in replicating Kinerja Papua-supported SOPs as a result of the trainings, although the supporting documentation needed to record these replications as achievements,

namely a DHO decree instructing all *puskesmas* in the district to implement the finalized SOPs, had not been received by Kinerja's M&E team before the end of June 2015.

In Jayawijaya, the head of the DHO signed all the SOPs produced during the November 2014 workshop ready for implementation at each of the district's *puskesmas*. The DHO's commitment to utilizing SOPs to improve health-care services in the district was illustrated when it funded a second workshop this year, in April 2015, which produced an additional 10 draft SOPs for all its health centers.

Kinerja Papua also identified two potential non-partner *puskesmas* in Jayapura district replicating Kinerja-supported practices, namely Puskesmas Kanda and Puskesmas Harapan, both of which attended the SOP trainings conducted by Kinerja Papua staff in Q1 FY 2015.

Kinerja Papua also encouraged the broader adoption of MSS as a basis for developing key planning and budgeting documents. The program provided specific training in the district of Mimika during the October-December 2014 period. As a result, one additional non-partner *puskesmas* (Puskesmas Timika Jaya) formed its Proposed Plan of Work (RUK) for 2015 based on MSS costing.

During the second quarter of FY 2015, one additional non-partner *puskesmas* in Jayapura formed and implemented Kinerja Papua-supported service SOPs. Staff from Puskesmas Harapan had attended an SOP training conducted by Kinerja staff in August 2014 and a follow-up workshop in November 2014 to review and refine the SOPs, and began replicating the SOPs as a result of those trainings. The SOPs being implemented at Puskesmas Harapan include regular health examinations for pregnant women and the treatment of women and children who have suffered domestic abuse or GBV.

Kinerja organized another workshop to develop service SOPs in Kota Jayapura in June 2015. Representatives from each of the district's 12 *puskesmas* attended the training. However, due to competing priorities, officials from the DHO were unable to attend, with the result that no SOPs were fully drafted by the end of the training. Nevertheless, the aim for each *puskesmas* is to adopt two service SOPs on MCH integrated with HIV/AIDS.

Also during the third quarter of FY 2015, one additional non-partner *puskesmas* in Kota Jayapura (Puskesmas Waena) formed and implemented a Kinerja Papua-supported service SOP having attended Kinerja-led trainings in FY 2014 and FY 2015.

Apart from the replication of SOPs, Q3 FY 2015 saw moves to pave the way for new MSFs to be replicated at non-partner *puskesmas*. In Kota Jayapura, following some fairly intense lobbying by MSF members over previous months, the LG issued and signed decrees for *puskesmas*-level MSFs in Abepura, Jayapura Utara and Muara Tami subdistricts, which contain a combined total of five non-partner *puskesmas*.[41] In response to the introduction of these subdistrict decrees, Kinerja organized a workshop on June 26, 2015, for the replication of MSFs at each of the five health centers.

[41] Supporting documentation for these three subdistrict decrees had not been received by the M&E team before the end of June 2015. Therefore, they were recorded as additional achievements for this quarter.

4.3 Cooperation with Donors

As part of its participation in the general development context in Papua, Kinerja cooperates with other development partners operating in the province.

Early in FY 2015, Kinerja organized an international development partners meeting to present early findings from the Papua health workers' absenteeism study and to obtain feedback and input for further analysis. The meeting was conducted in October 2014, and was attended by World Vision Indonesia (WVI), the Clinton Health Access Initiative (CHAI), SUM 2, the United Nations Children's Fund (UNICEF), HIV Cooperation Program for Indonesia (HCPI) and the Australia Indonesia Partnership for Decentralization's Education and Health Service Program (AIPD Landasan). The feedback was then utilized to re-adjust certain approaches in the Operational Policy Barriers Analysis Workshop, which was held shortly thereafter.

Also in Q1 FY 2015, Kinerja Papua cooperated with UNICEF in preparing for a USAID monitoring visit to Puskesmas Dosay and Puskesmas Sentani in Jayapura. Among other things, the visit identified additional areas for collaboration and coordination during Kinerja's upcoming NCE period. For example, at the time, Kinerja planned to focus its work at the district level and slowly withdraw from providing direct intervention to *puskesmas*, creating a need to coordinate at the district level to ensure that the evidence-based planning tools supported by UNICEF and Kinerja's MSS costing tools did not conflict.

Later in the year, following USAID's announcement in April 2015 that it intended to extend Kinerja's Papua program until 2017, Kinerja staff resumed discussions with UNICEF with a view to establishing closer ties and cooperation in areas covered by both organizations, the key one being to integrate Kinerja's MSS-planning tools with UNICEF's Investment Case and Integrated Micro Planning tools.

UNICEF welcomed the idea and both parties agreed that Kinerja staff would attend an upcoming training on the Investment Case, to learn more about the tool and UNICEF's approach in this field. Both parties also met again in Jakarta in early July 2015 to establish a timetable of technical meetings to formally integrate the two sets of planning and budgeting tools. In separate discussions with the PHO, Kinerja and UNICEF agreed to the PHO's request to involve other development partners, such as CHAI and KOMPAK, in the technical discussions. (Details about these meetings, as well as other activities carried out in July-September 2015 in preparation for Kinerja Papua's CE, are provided in the following chapter, Kinerja Papua Extension).

Kinerja responded to a request by the PHO early in FY 2015 to help reactivate the Health Partners Forum. During the reporting period, Kinerja staff attended two Forum meetings – the first in December 2014 and the other in January 2015 – during which the program presented its latest progress report to the PHO, along with other health partners. Kinerja also agreed to work with the PHO to map health-sector programming among UNICEF, SUM I, SUM II and TB Cepat.

Kinerja also organized two donor coordination meetings in March 2015 - one in Jayawijaya and the other in Jayapura - to present its latest progress reports and work plans for the coming quarter. Those attending the meeting in Jayawijaya included the World Food Program (WFP), CHAI and the United Nations Development Program (UNDP), while in Jayapura, donors included WVI, CHAI, SUM 2 and UNICEF.

Apart from its closer collaboration with the PHO and UNICEF, Kinerja Papua also continued its cooperation with the Amungme and Komoro Community Empowerment Agency (*Lembaga Pemberdayaan Masyarakat Amungme dan Komoro* – LPMAK) and PT Freeport Indonesia's sub-division, Public Health Malaria Control (PHMC), in Mimika. Having held discussions with both organizations in FY 2014, Kinerja gained their support for a long-term action plan designed by the DHO, with Kinerja support, to reform Mimika's entire health system and, in the process, create a new Regional Health System (*Sistem Kesehatan Daerah* – SKD).

Following last year's discussions, Kinerja Papua, LPMAK and PHMC formally established a joint collaboration in the second quarter of FY 2015. As a first step, PHMC hired a consultant to draft the documentation required for the scheme. A first draft was reviewed in March 2015 at a public consultation workshop organized by Kinerja. The aim during FY 2015 was to finalize all the documentation. Kinerja facilitated several discussions between the drafting team, Mimika DHO, LPMAK and PHMC to help move the initiative forward and decide upon the necessary steps to reach completion. At a meeting on June 11, 2015, all parties agreed to finalize the SKD documentation by the end of July 2015, as well as conduct advocacy about the Regional Health System to the DPRD and district head in the hope of obtaining LG support and legal status with a district head decree.

Due in part to the ambitious scale of the SKD, as well as the desire to obtain input from the local population about the kind of health system they want to see, the July 2015 deadline was not met. Instead, Kinerja organized a public consultation in September 2015, while a further consultation is planned for October 2015.

4.4 IO Capacity Development

IO capacity development has been a key part of the Kinerja Papua strategy throughout the program's lifetime. During Q1, Kinerja Papua IO CIRCLE Indonesia supported YHI, YUKEMDI and YAPEDA to assist MSFs in the submission of technical recommendations to DHOs and in meeting district government officials such as district heads and members of the DPRDs.

During the reporting period, Kinerja IO CIRCLE Indonesia conducted a series of three-day workshops in April 2015 for each of Kinerja's MSF-strengthening IOs: YHI, YUKEMDI and YAPEDA. These workshops, which followed on from CIRCLE's budget advocacy trainings in Q2 of FY 2015, were also attended by members of the district-level MSFs.

The aim of these latest workshops, as mentioned earlier in this report, was to assist the MSFs to draw up policy recommendations as the basis for their advocacy efforts with their respective DHOs and DPRDs before the end of June 2015.

CIRCLE's support has been instrumental in building the capacity of these Papua-based IOs, which have grown from small start-up groups to organizations capable of mentoring MSFs in conducting complaint surveys and executing evidence-based advocacy campaigns. And this quarter, YHI and YAPEDA showed a new level of confidence by moving away from their regular areas of support to conduct gender workshops.

YHI led two workshops, in Jayapura and Kota Jayapura, to raise awareness among MSF members about gender issues, while YAPEDA held a similar workshop for MSF members in Mimika. Admittedly, the workshops were only basic introductions to the subject; but they

nevertheless highlight the tremendous progress that each of these local organizations has made.

With CIRCLE's grant completed at the end of June 2015, the hope is that the collaborative relationships that have been forged between YHI, YUKEMDI and YAPEDA and their respective MSFs will continue well into the future to help ensure the latter's institutionalization and sustainability, so that they can continue to advocate for better budget allocations in the health sector, especially for MCH, TB and HIV/AIDS.

5. Kinerja Papua Extension

In April 2015, USAID awarded Kinerja Papua an 18-month cost extension (September 30, 2015 to March 29, 2017). Kinerja will continue to implement interventions in the health sector, albeit with a greater focus on relations with provincial- and district-level governments, as well as draw on its experience in the Kinerja Core program to add an education component in the form of its school-based management (SBM) package for elementary schools in three target districts (Jayapura, Jayawijaya and Kota Jayapura).

Kinerja program staff undertook a number of activities during July-September 2015 as part of the preparation phase for the CE ahead of the start of the technical implementation phase.

5.1.1 Transition for Health

Kinerja Papua started transitioning out of its current work at the *puskesmas* level during the fourth quarter of FY 2015 and will continue to do so up to the first quarter of FY 2016. By the end of December 2015, it will move out of direct support to *puskesmas* and will strengthen the ITATs to apply Kinerja tools.

A key part of that process has been the launch of (1) *puskesmas* assessments- to ascertain specific needs at partner health centers with a view to offering tailor-made support to each of the *puskesmas* until the end of December 2015, and (2) determining the kind of assistance DHOs need in order to fully undertake their monitoring and supervisory functions.

As mentioned earlier in this report, Kinerja assisted district officials in both Jayawijaya and Mimika in April-June 2015 to trial new monitoring tools that had been developed in collaboration with PKMK UGM. Jayapura is due to start trialing the monitoring tools in October 2015. The one major delay has been in Kota Jayapura, where DHO officials had not agreed by the end of September 2015 which set of monitoring tools they want to use.

Kinerja completed the first of the *puskesmas* assessments in Jayawijaya upon the conclusion of the monitoring tools trial in September 2015. The program plans to conduct similar assessments in the three other districts in October.

As part of its plan to support the provincial government to create guidelines to manage and monitor OTSUS funds, Kinerja held a four-day workshop at the beginning of September 2015 on planning and managing OTSUS funding for the health sector. The first two days of the workshop focused on improving the knowledge and capabilities of officials in the provincial government to integrate performance indicators into their planning and budgeting of OTSUS health funds in order to improve health-care services. At the end of the two days, there was general agreement among the participants of the need to improve their planning mechanisms in order to make the health sector more effective and efficient.

The same agenda was applied to the last two days of the workshop, but with a focus on district-level health offices. The workshop was attended by representatives from Bappeda, as well as DHOs from 16 districts across Papua – including Kinerja's four districts of Jayapura, Jayawijaya, Kota Jayapura and Mimika. During the workshop, the participants improved their understanding of managing OTSUS funding based on performance and MSS. The workshop also helped the DHO and Bappeda officials to improve their technical abilities in identifying and applying outputs and outcomes when developing their work plans and budgets.

Similar workshops for the PEO and DEOs are set to take place in the next quarter, and work will also begin on developing the OTSUS guidelines.

It is worth noting that in August 2015, Kinerja invited two of its key partners at the provincial level – staff secretary of the PEO and the head of the reproductive health unit at the PHO – to participate at a three-day seminar at the headquarters of the Asian Development Bank in Manila, which was mentioned in the Replication of Good Practices chapter in Part A of this report. Entitled *External Support for Decentralization Reforms and Local Governance Systems in the Asia-Pacific: Better Performance, Higher Impact?* the seminar included a discussion by the Indonesian Group on how to strengthen the fiscal policy framework and the fiscal capacity of the PHO in Papua

The participants acknowledged that the province had a high commitment to administering the approximately $100 million in OTSUS funds well to its 29 municipalities and districts, but that with the lack of fiscal management capacity (planning, budgeting, monitoring and reporting), the funds were generally not used effectively. The discussion touched upon a range of associated issues and provided an excellent foundation for the work that Kinerja will be undertaking with provincial and district stakeholders in the coming 18 months.

5.1.2 Preparation for Education

Kinerja conducted needs assessments in July 2015, together with USAID's Education Office, in all four Kinerja Papua districts, and held initial discussions at the provincial level to introduce the Kinerja team to education stakeholders and to gain an understanding of the region's needs in terms of educational support.

Based on the findings of the needs assessments, Kinerja has begun to work with the DEOs in Jayapura, Kota Jayapura and Jayawijaya to select the partner schools – nine in each of the three districts - that will be targeted to receive Kinerja's SBM package. Final decisions on the schools have not yet been made, but it is expected that the total of 27 schools will be confirmed early in the next quarter.

The Papua Program Manager also spent much of the fourth quarter of FY 2015 collaborating closely with the each of the district's LG offices and technical teams to amend Kinerja's existing Letters of Intent (LOIs), with a view to developing specific scopes of work (SOWs) detailing the roles of each party and a frame for the implementation process. As of the end of September 2015, discussions were still ongoing.

Looking ahead to the next quarter, Kinerja plans to hold launch workshops at both provincial and district levels to introduce the education program to a range of government and non-governmental partners.

5.1.3 Cooperation with UNICEF

As mentioned earlier in this report, Kinerja met with UNICEF in July 2015 to establish a timetable of technical meetings to formally integrate Kinerja's MSS-planning tools with UNICEF's Investment Case and Integrated Micro Planning tools. Between July and September 2015, the two parties held a series of meetings and FGDs in both Jakarta and Kota Jayapura.

The meetings over the past three months discussed, among other things, a logical framework for combining the two sets of MSS-costing tools and the roles and responsibilities of all the different parties involved in the integration process. Kinerja also undertook a joint visit with USAID and UNICEF to Jayapura, Jayawijaya and Kota Jayapura in September to see the current progress and achievements, as well as preempt the possible challenges that may arise in the future, in order to be able to identify effective interventions and so offer better technical assistance to the end users.

In the coming quarter, plans are already in place to take these efforts to the next stage and develop a training module in conjunction with the Papua Health Office.

5.1.4 Monitoring and Evaluation

During Q4 FY 2015, Kinerja concluded its previous M&E Plan for Papua by submitting the Kinerja Papua Evaluation Assessment to USAID at the end of July 2015 and ending its contractual relationship with the program's previous subcontractor, Social Impact. A meeting was conducted with USAID on August 28, 2015, to further clarify the findings of the assessment and with a view to exploring how the findings will be utilized during the 18-month CE.

In August-September 2015, Kinerja's M&E team focused on developing the M&E Plan corresponding to the Kinerja Papua Extension Work Plan for the 18-month extension. As outlined in the proposal, Kinerja's M&E approach for the 18 month extension will be a simpler process of reporting on progress, which will be used as input for strategic decision-making. As a result, Kinerja has tried to develop an M&E Plan that will be user-friendly in terms of guiding the management process as well as still being accountable to USAID.

In order to develop the M&E Plan, Kinerja has worked closely with local consultants, Solidaritas Indonesia. Initial discussions with Solidaritas began in August 2015, and were followed by a series of internal meetings between Kinerja's senior management team, program team and the consultants to discuss the lessons learned from the previous M&E Plan, M&E principles and framework, and indicators, as well as definitions and a strategy to implement the M&E Plan.

As of the end of September 2015, Kinerja was finalizing the M&E Plan, to be submitted to USAID for review and approval in November 2015. Also during this fourth quarter of FY 2015, Kinerja recruited two M&E staff – one M&E specialist and an assistant. The two staff members, both of whom are based in Jayapura, will begin working with Kinerja on October 1, 2015.

6. Project Management

The original timeline for the Kinerja project was September 30, 2010 to February 28, 2015. In October 2014, USAID approved a no-cost extension through until September 30, 2015. A

costed extension was granted in July 2015 for Kinerja Papua from September 30, 2015 through to March 29, 2017.

In line with the end of Kinerja Core's programmatic activities in Aceh, East Java, South Sulawesi and West Kalimantan at the end of June 30, 2015, 12 field staff contracts were terminated at that time. In Q4 FY 2015, 11 technical, administrative and finance staff renewed their contracts to continue working during the Kinerja Papua extension.

Overall, for both Kinerja Core and Kinerja Papua, by the end of September 2015 a total of 23 staff contracts had been terminated, namely 19 staff based at the National Office and in the provinces, and four staff in Papua. Eleven new staff were recruited for the Papua CE, bringing the total number of staff that will work during the CE period to 38. Ten of those will be based at the National Office and 28 will be based in Papua (18 at the provincial level and 10 at the district level).

6.1 Grants Management

By the end of June 2015, all 12 Kinerja Papua IOs had completed their grants. BaKTI, which was tasked with organizing the Good Practice Seminar in September 2015, was granted a no-cost extension to the end of September 2015. Three grants were closed in the July-September 2015 period (PPMN, YKP and CIRCLE). Eight other grantees are expected to be closed in the next quarter.

6.2 Papua CE Grantees

For its 18-month costed extension, Kinerja Papua will continue to work through IOs – most of which will be Papuan CSOs - to strengthen the capacity of its LG and civil society partners in the province throughout the implementation period.

Kinerja will be extending grants to seven IOs, three of whom were first or second round Kinerja Papua grantees (YHI, CIRCLE and PPMN). Three grantees are new engagements: IPPM to focus on Kinerja SBM package in education; JERAT Papua for media and to manage the SMS Gateway mechanism, and Solidaritas for program M&E.

Table 6: Kinerja Papua Grantees for Cost Extension:

Area of Expertise	IO
Education	IPPM
Media & SMS Gateway	JERAT Papua
Media Support	PPMN
Monitoring & Evaluation	Solidaritas
MSF Engagement	YAPEDA
	YHI

MSF-IO Support	CIRCLE Indonesia

6.3 Cost Share

The overall cost share commitment for Kinerja was originally 17 percent of contract value or 15 percent of total program costs. In March 2012, Kinerja received additional funding to implement the Papua program. This increased its total cost share obligation. During the first year of implementation, however, it became obvious that with the increasing number of other development partners in Papua paying LGs for participation in their project activities, it has been a huge challenge for Kinerja to raise the initial committed 20 percent cost share contribution in Papua. At the same time, the Kinerja Core program has reached a very mature stage, in which LGs came to see the benefit of working with the program and were readily allocating their funds. At that point, the program had also entered the stage of district-wide replication in the main program, and LG partners allocated large amounts of their own funding for project-related activities. For this reason, in Q1 FY 2014, Kinerja approached USAID to reallocate some of the Papua cost share obligations to the Kinerja Core program. Kinerja proposed a revision to its cost share commitment for the whole five-year program..

Approximately $2,018,436.68 of GOI contributions were made towards their annual budgets which, although not reported as cost share, nevertheless showed the central government's commitment towards Kinerja's approaches, which are expected to be sustained when the Kinerja project ends in 2017.

Although cost share is not required as part of the Papua cost extension, we will encourage CSOs to report cost share in the future as a buy-in to their ownership of the Kinerja program's approaches. It is also hoped that this will promote sustainability after the Kinerja program closes in March 2017, as well as preparing the local CSOs to apply for direct funding from USAID and be able to report cost share as part of the requirements.

6.4 Inventory Management

The Inventory List for Disposition was compiled and submitted to USAID on June 17, 2015. Following the closure of Kinerja's provincial offices in Aceh, East Java, South Sulawesi and West Kalimantan on June 30, 2015, the program temporarily relocated inventory items to previously-proposed recipients. These will be properly disposed of when USAID approval is received.

Kinerja will not be transferring assets related to its Core program to Papua, due to exorbitant transportation costs in relation to their depreciated value based on their age.

All assets located in Papua are being used for the Papua CE.

7. Challenges and Next Steps

Compared to previous quarters, in which political uncertainty and unstable security conditions had presented the largest challenges to programmatic activities, the October–December 2014 period saw a challenge of a different nature. In the lead-up to year-end, LGs began operating shorter hours, and implementing long holiday breaks, which limited their availability to participate in program activities. As a result, a large portion of the activities Kinerja Papua had planned for the quarter were forced to be postponed to Q2 FY 2015.

However, the second quarter proved to be just as challenging as the first in terms of keeping on top of programmatic activities, due this time to severe staff shortages in February 2015 (and to a lesser extent in March 2015 for national office staff). With Kinerja Papua's full complement of staff in place for Q3 FY 2015, USAID announced in April 2015 that it planned to extend the program for a further 18 months, starting in October 2015. Although this news was, of course, welcome for Kinerja Papua and its program staff, it nevertheless had a profound impact on the program's capacity to achieve its original aim to catch up on all outstanding programmatic activities.

A second key challenge during the third quarter of FY 2015, as already mentioned a few times in this report, was the change in leadership at the DHO in Mimika. This posed a major challenge for Kinerja in its ongoing support of supply-side stakeholders in the district, added to which many of the agreements and commitments made earlier in the year with the former DHO head will have to be communicated again with the new leadership.

As Kinerja moved into the fourth quarter of FY 2015 and began working in close collaboration with UNICEF and its partner, PKMK UGM, to develop an integrated module for district planning and budgeting based on MSS and evidence-based planning for its upcoming CE, Kinerja had to adjust the planned timeline for discussions in accordance with the availability of UNICEF/PKMK UGM, whose contract with the GOI was being renegotiated at the time. This created some delays to the agreed plan, which in turn has delayed the process of finalizing the module and trialing it with the PHO Facilitation Team.

Also during the fourth quarter, most of Kinerja Papua's IOs completed their grants with the program, resulting in a number of activities that that had previously been conducted by the IOs having to be managed directly by Kinerja. With the departure of several program staff in July and August 2015, whether due to contract terminations or 30-day breaks, this shortage of staff put even greater pressure on the remaining staff members working in the field. Then in September 2015, Kinerja Papua hired a new Program Manager, who will oversee the Papua program for the next 18 months. He is still settling in and, thus, will take a certain amount of time to familiarize himself with the Kinerja Papua's management and operational procedures and policies.

8. Monitoring and Evaluation

RTI International engaged Social Impact as the independent subcontractor focused solely on monitoring and evaluation (M&E) activities for the Kinerja Papua program. Social Impact designed the Performance Management and Evaluation Plan (PMEP) for managing and documenting all aspects of Kinerja Papua performance management. Monitoring activities focused primarily on providing key information for managerial decision-making and oversight. Kinerja Papua Assessments, on the other hand, were geared toward identifying changes that occurred in Kinerja Papua districts and service delivery units.

The M&E strategy comprised three discrete but integrated components:

4. Assessing Organizational Capacity of partner units using primary data.
5. Assessing Customer Satisfaction in partner units using primary data.

6. Within all partner units and districts, tracking key indicators related to the intermediate results for 'Building on existing innovative practices and supporting local government to test and adopt promising service delivery approaches' (Intermediate Result 1); 'Strengthening local demand for better services' (Intermediate Result 2); and 'Expanding successful innovations and supporting Indonesian intermediary organizations to deliver and disseminate improved services to local governments' (Intermediate Result 3).

Key findings and achievements for each of these components are included in this chapter. For more information on Kinerja Papua assessments, please see '*Assessment of USAID/Indonesia's Kinerja Papua Program*', completed in July 2015. For more information on Kinerja Papua's performance indicators, please see Quarterly and Annual Reports completed throughout the program.

8.1 Organizational Capacity (OCA)

OCA scores for each unit and district are comprised of governance areas (accountability, transparency, responsiveness, and community participation) and sub-dimensions. OCA scores increased in all but two PHUs across the four districts. The greatest changes for these scores occurred in Mimika and Jayawijaya.

Scores increased in the four governance areas for all PHUs. Accountability—largely the strongest area for PHUs at baseline—yielded an average 16% increase overall and transparency scores increased by 20% on average. The greatest changes observed were for community participation and responsiveness, which saw average increases of 27% and 29% respectively. Each of the districts revealed similar strengths and weaknesses in terms of capacity in the four governance areas at the baseline—low scores in both community participation and transparency. Districts improved in the dimensions in these areas, but they remain the weakest. Accountability and responsiveness continue to be areas of strength.

Kabupaten Jayapura

Kabupaten Jayapura had the highest mean district scores at baseline. Community participation had a district-wide average increase of 21%. Responsiveness had an average score increase of 24.6%. Average accountability and transparency scores decreased by 5% and 9% respectively. PKMs had accountability as their strongest area and community participation as their weakest in both the baseline and endline. Community participation was the greatest area of improvement for two PKMs. All PKMs had their greatest sub-dimensional increase related to use of complaint mechanisms. At baseline, the DHO had the highest overall OCA score; however the number decreased over time. The DHO's scores for accountability, responsiveness, and transparency all decreased. It had its biggest increase in the sub-dimension on decision-making based on consensus/inputs from the community.

Kota Jayapura

Overall OCA scores increased from baseline to endline. Average scores for the four governance areas all increased in this district by varying degrees. Accountability and transparency scores increased by averages of 2.9% and 15.8% respectively. Responsiveness scores increased by an average of 21.7% and community participation scores increased on average by 15.5%. Responsiveness was the strongest governance area for all four PHUs in this district at endline. Three PKMs all experienced the greatest increases in this area. Two PKMs had the greatest increase the sub-dimension on use of a complaint handling mechanism. The DHO overall OCA score increased with the greatest increase in the area of community participation. The DHO in Kota Jayapura had its biggest increase the sub-dimension regarding use of a monitoring system.

Kabupaten Jayawijaya

All three PKMs saw increases in their overall OCA scores. The transparency scores increased by 50.2% on average and responsiveness scores increased on average by 36.7%. Accountability and community participation scores appeared to have increased by similar margins. The PKMs had increased scores in the four governance areas. Two PKMs had the lowest overall OCA scores among the PHUs at baseline and despite scores increases, they remained in the lowest ranks. PKMs Hubikosi and Musatfak experienced the greatest changes in transparency, specifically on the sub-dimension on availability and access to information. The DHO mostly saw decreases in governance areas, including decreases in six of the nine sub-dimensions.

Kabupaten Mimika

Overall OCA scores in Mimika were low at the time of the baseline, though they were above those found in Jayawijaya. However, large score increases brought Mimika to become the top-scoring district by the time of the endline. Each PHU increased in all governance areas from the baseline. Community participation was the weakest area at both points despite an average 44.2% increase. Three PKMs had changes in the related sub-dimension regarding whether the community can participate in management. Responsiveness was the strongest area at both points, with a 36.1% increase on average. Large changes occurred in the sub-dimension regarding complaint handling mechanisms. The DHO saw a modest increase in its overall OCA score. The unit had its largest change in community participation, especially the sub-dimension regarding use of public input and consensus in decision making.

Figure 1: OCA Baseline and Endline Scores

Partner District	Partner Unit	Baseline Score	Endline Score
City of Jayapura	DHO	2.7	2.76
City of Jayapura	Puskesmas Tanjung Ria	2.74	2.85
City of Jayapura	Puskesmas Abe Pantai	2.72	3.05**
City of Jayapura	Puskesmas Koya Barat	2.75	2.86

Jayapura	DHO	3.11	2.98
Jayapura	Puskesmas Depapre	3.04	3.06
Jayapura	Puskesmas Dosai	2.87	2.97
Jayapura	Puskesmas Sentani Kota	2.75	3.12*
Jayawijaya	DHO	2.21	2.15
Jayawijaya	Puskesmas Musatfak	2.27	2.80***
Jayawijaya	Puskesmas Homhom	2.25	2.69***
Jayawijaya	Puskesmas Hubikosi	2.03	2.69***
Mimika	DHO	2.87	3.06
Mimika	Puskesmas Timika Kota	2.73	3.13*
Mimika	Puskesmas Mapuru Jaya	2.78	3
Mimika	Puskesmas Limau Asri	2.3	3.01***

Note: statistical significance is noted as follows: * $p < .1$, ** $p < .05$, *** $p < .01$

8.1.1 Customer Satisfaction (CSS)

CSS scores increased from the baseline across all districts. The overall CSS score was comprised of individual PKM scores of the 14 performance indicators included in the CSS survey. Eight of these indicators were identified prior to the launch of the survey as directly related to KP's goals. Kabupaten Jayapura's CSS score was the highest among districts; it also saw the greatest improvement. Jayawijaya had the second largest change, although it remains the district with the lowest CSS score. Kota Jayapura, similarly, experienced a score increase, but remains the district with the second highest CSS score in the endline. Lastly, Mimika was the district with the smallest change in score from baseline to endline, although it ranked third highest in terms of its endline CSS score. Of the indicators, numbers 4 (staff discipline) and 12 (adherence to hours of operation) were identified as the weakest for all PKMs at baseline. Endline data show improvements for both of these indicators.

Kabupaten Jayapura

CSS scores increased among the PKMs in Kabupaten Jayapura. Service users in this district were also more satisfied in 2015 by 7.71 points than in 2013, making it the district with the largest change and highest level of satisfaction. All PKMs had higher endline CSS scores than at baseline. When comparing the PKMs, Depapre remains the unit with the highest score in both the baseline and endline with the highest rate of change. PKM Dosay has the second highest CSS score in the endline, followed by PKM Sentani. In Kabupaten Jayapura, the five indicators with most changes are all directly related to KP.

Kota Jayapura

Service users of the PKMs in Kota Jayapura were more satisfied in 2015 than in 2013, and their level of satisfaction increased 4.51 points. Each of the units had increased endline CSS scores from the baseline. PKM Koya Barat recorded the largest change from baseline to endline for customer satisfaction. In Kota Jayapura, the five indicators with most changes are all directly related to the program.

Kabupaten Jayawijaya

Service users the three PKMs in Jayawijaya were also more satisfied. Their level of satisfaction increased by 4.68 points. Although Jayawijaya remained the district with the lowest CSS score, it recorded the second highest change between baseline and endline. Each of the units had increased CSS scores in the endline. PKM Hom Hom remains the unit with the highest score in the endline as in the baseline. PKM Musatfak has the second highest CSS score in the endline, followed by PKM Hubikosi. PKM Hom Hom also recorded the largest change from endline to baseline for customer satisfaction. In Jayawijaya, three of the five indicators with most change are directly related to the program.

Kabupaten Mimika

Service users PKMs in Kabupaten Mimika were also more satisfied in 2015 compared to 2013. Their level of satisfaction increased by 4.46 points. Mimika recorded the smallest change in CSS score from baseline to endline although it remained the district with the third highest score. Each of the units in Mimika had an increased endline CSS score. When comparing the partner PKMs in this district, Timika Kota remains the unit with the highest score in the endline as in the baseline. PKM Mapurujaya has the second highest CSS score in the endline, followed by PKM Limau Asri; PKM Limau Asri also recorded the largest change from baseline to endline for customer satisfaction. In Mimika, three of the five indicators that experienced the greatest change are directly related to KP.

Figure 2: CSS Baseline and Endlines Scores

Partner District	Partner Puskesmas	Baseline Score	Endline Score
City of Jayapura	Puskesmas Tanjung Ria	73.47	78.19***
City of Jayapura	Puskesmas Abe Pantai	72.3	76.93***
City of Jayapura	Puskesmas Koya Barat	69.98	74.96***
Jayapura	Puskesmas Sentani Kota	71.02	77.73***
Jayapura	Puskesmas Dosai	71.66	80.33***
Jayapura	Puskesmas Depapre	71.44	81.29***
Jayawijaya	Puskesmas Homhom	68.81	76.79***
Jayawijaya	Puskesmas Musatfak	70.17	76.11***
Jayawijaya	Puskesmas Hubikosi	68.63	72.22***
Mimika	Puskesmas Mapuru Jaya	71.93	76.84***
Mimika	Puskesmas Limau Asri	68.85	74.75***

Mimika	Puskesmas Timika Kota	72.89	76.89***

Note: statistical significance is noted as follows: * $p < .1$, ** $p < .05$, *** $p < .01$

8.1.2 Qualitative Findings regarding OCA and CSS

Behavioral change among health unit staff

PHU staff in all districts considered the trainings effective in improving their knowledge and skills on management and leadership. The staff found they could easily apply their knowledge to their daily work. Education levels of the training participants influenced their receptiveness. The DHO officials in all districts more frequently mentioned scheduling issues with KP's trainings than PKM officials. Staff in all districts reported that improved understanding of Minimum Service Standards (MSS) and Standard Operating Procedures (SOPs) motivated them to do their jobs better. The study also found that poor attitude, and particularly poor attendance, among staff reduced an individual's motivation to improve. Even though knowledge and motivation have increased, units continue to struggle with implementing the management skills they have learned.

Community engagement in public service delivery

Community engagement in public service delivery has increased. A majority of respondents in the study attributed this increased involvement to the establishment of MSFs. PHU staff expressed their appreciation for MSFs' in service delivery. However, PKM staff perceived the MSFs differently across the four districts depending on how the MSF members understood and embodied their role.

Customer satisfaction with health services

PHU respondents noted that they previously did not care about customer satisfaction. The respondents now, however, note that customer satisfaction is important and should be a goal of PHUs. Patients and MSF members noticed significant improvements in the delivery of health services. The improvements they described were based on simple demands, including improved operating hours, additional service in the afternoon, better patient waiting lounges, cleaner environments, shorter waiting times, friendlier staff, and better communication between clients and staff. The study found that almost all respondents attributed change in PHUs to the implementation of KP-supported complaint surveys.

8.1.3 Performance Indicators[42]

Kinerja Papua activities led to progress in all three of the Intermediate Results outlined in the KP Program Results Framework. The KP program achieved 100% or more of the program target for all 22 indicators.

[42] This section refers to progress in performance indicators as of Quarter 3, Fiscal Year 2015.

In total, 24 organizations received support from the US Government during the KP program (Indicator GJD 2.2.3-4. This indicator target was overachieved (126%). Kinerja Papua also achieved its other GJD indicator, GJD 2.2.3-3. KP achieved 100% of this indicator measuring the number of local mechanisms supported with US Government assistance for citizens to engage their subnational government. Kinerja Papua also achieved its GHI indicator, measuring the number of districts engaging civil society in health system oversight (GHI 1.2.2.2).

On the supply side, KP trained a total of 318 participants (231 female, 73%) and overachieved GJD 2.3.6 (209%). These trained individuals represented different partner health units. Of all health units, 81% of them increased their post test score after receiving training from KP's partner UGM (Indicator 7). The annual and program target for this indicator is 50%, meaning that the program assumed 50% of the partner service delivery units (DHO and *puskesmas*) will increase their average test scores. Kinerja Papua has met and exceeded this target.

KP's Local Public Service Specialists (LPSS) also worked closely with partner units and MSFs to advocate for the adoption of improved practices and management systems (Sub-Intermediate Result 1.1), practices and systems highlighted in the trainings the units received. This progress is counted under Indicator 6, of which KP has achieved 250% of the program target. Technical recommendations were developed by KP units, as counted in Indicator 15. A total of 18 technical recommendations were formed across all four KP districts during the KP program. Overall, KP met 113% of its program target for this indicator. An example of a recommendation is the following, from Q3 FY15: The district of Jayawijaya signed a technical recommendation related to security issues with indigenous populations. This recommendation was a result of advocacy conducted by various community leaders and government units, including KP's partner District Health Office and puskesmas.

Indicators 8, 9, and 10 document KP units progress in making and completing action plans. These plans were made as a final output of the training the units received from KP. A total of 310 action plans were formed in all four Kinerja Papua areas by both partner DHOs and *puskesmas*. The target for this indicator included short-term (3-4 months) and medium-term (6-12 months) action plans. However, long-term (more than 12 months) action plans were considered as additional achievements and reported in Q1 FY15. Long-term action plans were not included in the target as the implementation was thought to be beyond the scope of Kinerja Papua's original timeline. Overall, Kinerja Papua has met 323% of its program target for Indicator 8. A total of 69 action plans (24 short-term plans, 25 medium-term plans, and 20 long-term plans) were implemented by DHO in the four districts. Similar to Indicator 8, long-term plans were not included in the indicator target as the target only tracked implementation of DHO short-term and medium-term action plans. Overall, Kinerja Papua has met 575% of its program target for Indicator 9. A total of 206 action plans (71 short-term plans, 72 medium-term plans, and 62 long-term plans) were implemented by *puskesmas* in the four districts. Overall, Kinerja Papua has met 572% of its program target for Indicator 10.

Further supply side progress was made in relation to service charters. A total of 154 promises were fulfilled during the KP program as reported by MSF monitoring results. Promises were formed to address complaints received through the complaint surveys and were subsequently documented in service charters (Indicator 13 and 14). Health service delivery level MSFs monitored *puskesmas* promises by visiting and interviewing *puskesmas* staff. Overall, Kinerja Papua has met 257% of its program target for Indicator 14.

Progress was also made in KP's demand side intervention (Intermediate Result 2). KP saw an increase of the dissemination of information on local government responsibilities and performance (Sub-Intermediate Result 2.2). These activities were conducted by local media organizations and citizen journalists managed by KP's two media IOs - PPMN and Forum Lenteng. The KP program has supported a total of 90 active citizen journalists (225% of the program target) across all four partner districts. Additionally through PPMN and Forum Lenteng, media products were produced (Indicator 18). KP has met 280% of its program target for Indicator 18. The total of 874 media products include talkshows aired by local radio stations, health features created by local TV media and print media outlets, and articles written by citizen journalists.

KP also supported media outlets as a way to disseminate information, as tracked in Indicator 16. Local media organizations (including radio stations, print media outlet, and TV stations) produced Kinerja-related media products. Overall, Kinerja Papua has met 121% of its program target. Additionally, there were 20 linkages formed during the program (Indicator 11) that are active in service delivery oversight including 16 MSFs (Indicator 12). Both of these indicators achieved 100% of the program target.

Apart from supply and demand interventions, the KP program also aims to have KP-supported good practices replicated in other *puskesmas* within partner districts (Intermediate Result 3). A total of 30 Kinerja Papua-supported practices for health management systems were institutionalized by 17 non-partner *puskesmas* (Indicator 19 and Indicator 20 respectively). Overall, KP has met 250% of its program target for Indicator 19 and 142% of Indicator 20.

Annex B-1: Kinerja Papua Performance Monitoring and Evaluation Plan Achievement[43]

Current Reporting Period: Fiscal Year 2015 (April 2015 – June 2015) [44]

NO.	INDICATOR NAME	BASE LINE	FY15 ACHIEVEMENT				PROGRAM TARGET	PROGRAM TO DATE	REMARKS FOR CURRENT REPORTING PERIOD
			Q1	Q2	Q3	Q4			
USAID Governing Justly and Democratically (GJD) Indicators									
1	GJD 2.2.3-3: Number of local mechanisms supported with US Government assistance for citizens to engage their subnational government	0	28	28	28		28	28 (100%)	"Local mechanisms", in the Kinerja Papua context, relate to multi-stakeholder forums (MSFs) and service charters. All Kinerja partner health units in the four districts have formed MSFs (three *puskesmas* level and one district level per district) and produced signed service charters. No new achievements were documented in this quarter. See Indicator 13 for more detailed information regarding the service charters and Indicator 12 on multi-stakeholder forums. Overall, Kinerja Papua has met 100% of its program target for this indicator. The 28 achievements for this indicator are comprised of 16 MSFs and 12 service charters that were formed in the four Kinerja Papua districts in FY2014.
2	GJD 2.2.3-4: Number of local non-governmental and public sector associations supported with US Government assistance	0	16	24	24		19	24 (126%)	In Q3 FY15, six Kinerja Papua IOs received no-cost extensions (NCE). These were not counted as new achievements because no additional funding was provided by the US Government. The list of IOs with non-revised budget grants extensions for this reporting period are included below: • YKP (NCE until May 30, 2015) • Yukemdi (NCE until July 15, 2015) • Circle (NCE until April 30, 2015) • LSPPA (NCE until July 15, 2015) • Forum Lenteng (NCE until April 30, 2015) • Kipra (NCE until May 30, 2015) As of Q3 FY15, Kinerja Papua has met 126% of the program target for Indicator 2.

[43] Indicators reported in this table are based on Kinerja Papua PMEP v.4, which was approved by USAID on January 6, 2014. Indicator achievements noted per quarter reflect data and evidence received during that quarter. Totals per quarter do not necessarily reflect program achievements in that quarter. There is no annual target for FY15 as the project was originally scheduled to end by February 2015 and no new targets were added for the NCE period ending in September 2015.

[44] Final totals are based on the M&E Indicator Database as of July 16, 2015.

NO.	INDICATOR NAME	BASE LINE	FY15 ACHIEVEMENT				PROGRAM TARGET	PROGRAM TO DATE	REMARKS FOR CURRENT REPORTING PERIOD
			Q1	Q2	Q3	Q4			
3	GJD 2.3.6: Number of individuals who received US Government-assisted training, including management skills and fiscal management, to strengthen local government	0	259	289	318		152	318 (209%)	The definition of trained participants, as agreed upon by PKMK UGM and Kinerja, is participants who have at least attended: • 50% of the total training days for each training, and • Two out of the four trainings Participants who have attended additional SOP and SPM trainings conducted by Kinerja Papua staff were also counted for this indicator. As of Q3 FY15, a total of 318 participants (231 female, 73%) were noted as 'trained'. A total of 29 new participants who had attended the SOP training conducted in Kota Jayapura from June 17-18, 2015 were documented in this quarter. Participants of this training included staff from partner and non-partner *puskesmas* and the district health office. Overall, Kinerja Papua has met 209% of the program target for Indicator 3.
Global Health Indicator									
4	GHI 1.2.2.2: Number of districts engaging civil society in health system oversight	0	4	4	4		4	4 (100%)	All MSFs established in the four Kinerja Papua areas have been actively monitoring the performance of their health units including the promises made in the service charters. Monitoring results on the implementation of service charters were reported to Kinerja Papua and documented as achievements. See Indicator 14 for further details. No new achievements were documented in this quarter. Overall, Kinerja Papua has met 100% of its annual and program target of four districts engaging civil society in health system oversight. Kinerja Papua's partner districts are Jayapura, Jayawijaya, Mimika, and Jayapura City.
Performance Indicators									
5	Score of Organization Capacity Assessment (OCA)	-					50%	81.3% (163%)	The baseline Organizational Capacity Assessment (OCA) score was reported in the PMEP v.4, together with the performance target. Kinerja assumes that at least 50% of the organizations assessed in the OCA will improve their score during the Kinerja Papua program implementation period (meaning partner organizations have improved in the areas of responsiveness, accountability, transparency, and/or community participation). A total of 13 units increased their OCA score (81.3%), exceeding the program target of 50%. The endline OCA data collection was completed in Q2 FY15 and data analysis was conducted in Q3 FY15. The final endline scores for each unit are reported here and are analyzed in the Kinerja Papua Assessment Report, submitted in July 2015. The total possible score for the OCA is 4.
	District Health Office of Kota Jayapura	2.70					n/a	2.76	
	District Health Office of Jayapura	3.11					n/a	2.98	
	District Health Office of Jayawijaya	2.21					n/a	2.15	
	District Health Office of Mimika	2.87					n/a	3.06	
	Puskesmas Tanjung Ria	2.74					n/a	2.85	

NO.	INDICATOR NAME	BASE LINE	FY15 ACHIEVEMENT				PROGRAM TARGET	PROGRAM TO DATE	REMARKS FOR CURRENT REPORTING PERIOD
			Q1	Q2	Q3	Q4			
	Puskesmas Abe Pantai	2.72					n/a	3.05	NOTE: *Baseline scores were originally reported on a scale of 1 to 112. The scale was adjusted in Q3 FY15 during the final analysis of baseline and endline data. The scores here have been updated accordingly.*
	Puskesmas Koya Barat	2.75					n/a	2.86	
	Puskesmas Sentani Kota	2.75					n/a	3.12	
	Puskesmas Dosai	2.87					n/a	2.97	
	Puskesmas Depapre	3.04					n/a	3.06	
	Puskesmas Homhom	2.25					n/a	2.69	
	Puskesmas Musatfak	2.27					n/a	2.80	
	Puskesmas Hubikosi	2.03					n/a	2.69	
	Puskesmas Mapuru Jaya	2.78					n/a	3.00	
	Puskesmas Limau Asri	2.30					n/a	3.01	
	Puskesmas Timika Kota	2.73					n/a	3.13	

NO.	INDICATOR NAME	BASE LINE	FY15 ACHIEVEMENT				PROGRAM TARGET	PROGRAM TO DATE	REMARKS FOR CURRENT REPORTING PERIOD
			Q1	Q2	Q3	Q4			
6	Number of Kinerja supported management systems that are adopted or institutionalized by local governments	0	9	11	20		8	20 (250%)	Nine management systems were documented as "adopted or institutionalized" in Q3 FY15. The district of Jayawijaya signed a decree *(Surat Keputusan)* forming a supervision body, including technical guidelines, at the district level. The district of Mimika signed a regulation (*Perbup),* forming a P2TP2A team. This team is established to discuss violence towards women and children and advocate for their well-being in the district. Lastly, there was an MOU signed in all districts to replicate the Leadership and Management training originally conducted by Kinerja Papua's partner, UGM. The MOUs were signed by the Health Training Center (*Balai Pelatihan Kesehatan - Balatkes*). The remaining six achievements relate to the legalization of six Kinerja-supported MSFs. Three MSFs in Kota Jayapura and three MSFs in the district of Jayapura became legal entities during this quarter, with funding provided by different government agencies/funds, as detailed below.[45] The legalization of MSFs is a Kinerja good practice and is counted in Indicator 6 as opposed to Indicator 12. • In Kota Jayapura, MSF Tanjung Ria (known as MSF Hena Taje) is now a legal entity and will be financially supported by the government post-Kinerja. MSF Abe Pantai (known as MSF Fufembe Hermadicad Ansan Titana) and MSF Koya Barat are now legal entities and will receive funding from the Village Fund (*Dana Alokasi Kampung*) for their activities • In the district of Jayapura, MSFs were also legalized. MSF Depapre (known as MSF Kena Bise) was legalized and changed to a Health Care Agency (*Badan Peduli Kesehatan - BPK)*. The BPK will receive funding allocation from the Village Fund (*Dana Alokasi Kampung*) for their activities. MSF Sentani (known as MSF Robong Hollo) was also changed to a BPK, called BPK Robong Hollo for Sentani District. This BPK will also receive funding allocation from the Village Fund (*Dana Alokasi Kampung*) for their activities. Lastly, MSF Dosay (known as MSF Krum Wali) was changed to BPK Krum Wali for West Sentani District and was allocated funds from the Village Fund. As of Q3 FY15, Kinerja Papua has met 250% of its program target for this indicator. A total of 14 Kinerja supported management systems were adopted by local governments since the program launched.

[45] These MSFs were not counted as unique achievements in Indicator 12 because they were already counted as MSFs after their original formation. Though they are now legalized units, they are still considered the same forum as counted in Indicator 12 in FY13.

NO.	INDICATOR NAME	BASE LINE	FY15 ACHIEVEMENT				PROGRAM TARGET	PROGRAM TO DATE	REMARKS FOR CURRENT REPORTING PERIOD
			Q1	Q2	Q3	Q4			
7	Average Score of training test	-					50%	81% (162%)	The baseline measurement was conducted at the beginning of PKMK UGM's training in April 2013. Results of the post-test training were received by Kinerja's M&E team in January 2014. A majority (81.25%) of the Kinerja service units – DHO and *puskesmas* - increased their post-test scores, indicating an increase in knowledge of management and leadership topics/skills. Out of the 16 service units that Kinerja Papua supported, three units received a lower post-test score than their pre-test score, namely DHO Mimika, Puskesmas Dosai, and Puskesmas Limau Asri. According to PKMK UGM, the lower post-test score results for these three Kinerja units relate to their low number of participants in the Kinerja training and the low capacity of the units themselves. The annual and program target for this indicator is 50%, meaning that the program assumes 50% of the partner service delivery units (DHO and *puskesmas*) will increase their average test scores. Kinerja Papua has met and exceeded this target.
	District Health Office of Kota Jayapura	35.78					n/a	42.85	
	District Health Office of Jayapura	32.14					n/a	35.15	
	District Health Office of Jayawijaya	30.50					n/a	37.13	
	District Health Office of Mimika	32.00					n/a	31.27	
	Puskesmas Tanjung Ria	30.00					n/a	40.13	
	Puskesmas Abe Pantai	30.00					n/a	42.00	
	Puskesmas Koya Barat	41.63					n/a	43.25	
	Puskesmas Sentani Kota	31.92					n/a	42.09	
	Puskesmas Dosai	35.60					n/a	34.60	
	Puskesmas Depapre	27.13					n/a	34.00	
	Puskesmas Homhom	31.00					n/a	42.17	
	Puskesmas Musatfak	27.75					n/a	35.33	
	Puskesmas Hubikosi	27.20					n/a	33.86	
	Puskesmas Mapuru Jaya	30.00					n/a	35.44	
	Puskesmas Limau Asri	33.50					n/a	26.00	
	Puskesmas Timika Kota	30.67					n/a	42.89	

NO.	INDICATOR NAME	BASE LINE	FY15 ACHIEVEMENT				PROGRAM TARGET	PROGRAM TO DATE	REMARKS FOR CURRENT REPORTING PERIOD
			Q1	Q2	Q3	Q4			
8	Number of Kinerja Papua-supported action plans produced	0	310	310	310		96	310 (323%)	No additional achievements were recorded in this reporting period for Indicator 8. Since PKMK UGM field activities ended in March 2015, their activities in this quarter were focused on ensuring DHO and *puskesmas* were clear on their roles and functions in health service delivery. They also focused on strengthening DHO's capabilities to provide effective monitoring and technical guidance to *puskesmas*. As of Q3 FY15, a total of 310 action plans were formed in all four Kinerja Papua areas by both partner DHOs and *puskesmas*. The target for this indicator included short-term (3-4 months) and medium-term (6-12 months) action plans. However, long-term (more than 12 months) action plans were considered as additional achievements and reported in Q1 FY15. Long-term action plans were not included in the target as the implementation was thought to be beyond the scope of Kinerja Papua's original timeline. Overall, Kinerja Papua has met 323% of its program target for Indicator 8. There is significant overachievement for this indicator because there were only three short-term and three medium-term action plans targeted per service unit in the PMEP v.4. The units, however, developed multiple short-term and medium-term action plans, as well as long-term action plans.
9	Number of Kinerja Papua-supported action plans implemented by District Health Office	0	69	69	69		12	69 (575%)	No additional achievements were recorded in this reporting period for Indicator 9. As of Q3 FY15, a total of 69 action plans (24 short-term plans, 25 medium-term plans, and 20 long-term plans) were implemented by DHO in the four districts. Similar to Indicator 8, long-term plans were not included in the indicator target as the target only tracked implementation of DHO short-term and medium-term action plans. Overall, Kinerja Papua has met 575% of its program target for Indicator 9. There is significant overachievement for this indicator because the target was set based on the assumption that each Kinerja-supported DHO would develop 3 short term and 3 medium term action plans, through the support of Kinerja's partner organization PKMK UGM. It was estimated that 50% of the action plans (12 out of 24) would be completed during the Kinerja Papua program. As seen in Indicator 8, however, units have developed more than 3 short-term and 3 medium-term action plans and have also implemented action plans at a quicker rate than expected. This has led to significant overachievement for this indicator.

NO.	INDICATOR NAME	BASE LINE	FY15 ACHIEVEMENT				PROGRAM TARGET	PROGRAM TO DATE	REMARKS FOR CURRENT REPORTING PERIOD
			Q1	Q2	Q3	Q4			
10	Number of Kinerja Papua-supported action plans implemented by *puskesmas*	0	206	206	206		36	206 (572%)	No additional achievements were recorded in this reporting period for Indicator 10. As of Q3 FY15, a total of 206 action plans (71 short-term plans, 72 medium-term plans, and 62 long-term plans) were implemented by *puskesmas* in the four districts. Similar to Indicator 8, long-term plans were not included in the indicator target as the target only tracked implementation of *puskesmas* short-term and medium-term action plans. Overall, Kinerja Papua has met 572% of its program target for Indicator 10. There is significant overachievement for this indicator because the target was set based on the assumption that each Kinerja-supported *puskesmas* would develop 3 short term and 3 medium term action plans, through the support of Kinerja's partner organization PKMK UGM. It was estimated that 50% of the action plans (36 out of 72) would be completed during the Kinerja Papua program. As seen in Indicator 8, however, units have developed more than 3 short-term and 3 medium-term action plans and have also implemented action plans at a quicker rate than expected. This has led to significant overachievement for this indicator.
11	Number of Kinerja Papua-supported linkages between CSOs, users, DPRD, Dinas, etc. at sub district and district levels which are active in oversight of service delivery	0	20	20	20		20	20 (100%)	No additional achievements were recorded in this reporting period for Indicator 11. Kinerja's MSFs continue to meet regularly to discuss and address different issues including the legal status of MSFs. In Kota Jayapura, for instance, the district-level MSF (MSF Waniambey) met to discuss its legal status, monitoring of technical recommendations, and minimum service standard achievement. Overall, Kinerja Papua has met 100% of its program target for Indicator 11.
12	Number of Multi Stakeholder Forums (MSFs) established or strengthened by Kinerja Papua	0	16	16	16		16	16 (100%)	No additional achievements were recorded in this reporting period for Indicator 12. Unit-level MSFs in Kota Jayapura and the district of Jayapura were legalized, however, supported by a city government decree (counted in Indicator 6 as 'adopted good practices'). Additionally all MSFs continued their regular work of advocacy, information sharing, and support of local health units. For example, MSF Tanjung Ria conducted mentoring for survivors of violence. For details regarding the legalization of six MSFs, see Indicator 6. Overall, Kinerja Papua has met 100% of its program target for Indicator 12.

NO.	INDICATOR NAME	BASE LINE	FY15 ACHIEVEMENT				PROGRAM TARGET	PROGRAM TO DATE	REMARKS FOR CURRENT REPORTING PERIOD
			Q1	Q2	Q3	Q4			
13	Number of service charters produced with Kinerja Papua support in *puskesmas*	0	12	12	12		12	12 (100%)	No additional achievements were recorded in this reporting period for Indicator 13. Overall, Kinerja Papua met 100% of its program target of 12 service charters produced in partner *puskesmas.* Service charters were produced by the partner *puskesmas* in collaboration with MSFs as a response to the results of the complaint surveys. Action points that were beyond the scope of *puskesmas'* work were inserted into the technical recommendations (see Indicator 15).
14	Number of promises fulfilled by *puskesmas* addressing complaints about services received through a Kinerja Papua-supported complaint mechanism	0	150	150	154		60	154 (257%)	There were four additional achievements recorded in this reporting period for Indicator 14. As of Q3 FY15, a total of 154 promises were fulfilled as reported by MSF monitoring results. Promises were formed to address complaints received through the complaint surveys and were subsequently documented in service charters (see Indicator 13). Health service delivery level MSFs monitored *puskesmas* promises by visiting and interviewing *puskesmas* staff. In this quarter's monitoring, Puskesmas Koya Barat fulfilled three additional promises than those addressed in previous quarters. Also in Kota Jayapura, Puskesmas Tanjung Ria fulfilled two additional promises. Only four achievements were documented for this quarter for this indicator, however, because Puskesmas Abe Pantai was found to have fulfilled one less promise than reported in Q8. Overall, Kinerja Papua has met 257% of its program target for Indicator 14.
15	Number of Kinerja Papua supported recommendation to SKPD/DPRD/Bupati that have involved or are formally endorsed by other non-government actors	0	17	17	18		16	18 (113%)	One additional achievement was recorded in this reporting period for Indicator 15. The district of Jayawijaya signed a technical recommendation related to security issues with indigenous populations. This recommendation was a result of advocacy conducted by various community leaders and government units, including Kinerja's partner District Health Office and *puskesmas.* As of Q3 FY15, a total of 18 technical recommendations were formed across all four Kinerja Papua districts. Overall, Kinerja Papua met 113% of its program target.
16	Number of Kinerja Papua affiliated media-outlets that provide regular programing or dissemination activities related to health issues	0	34	34	34		28	34 (121%)	No additional achievements were recorded in this reporting period for Indicator 16. Local media organizations (including radio stations, print media outlet, and TV stations) continue to produce Kinerja-related media products, which are recorded under Indicator 18. Additionally, Kinerja's MSFs continue to promote health information through films. For example, in Kota Jayapura the MSF facilitated an educational activity to raise awareness about TB and HIV/AIDS. Overall, Kinerja Papua has met 121% of its program target.

NO.	INDICATOR NAME	BASE LINE	FY15 ACHIEVEMENT				PROGRAM TARGET	PROGRAM TO DATE	REMARKS FOR CURRENT REPORTING PERIOD
			Q1	Q2	Q3	Q4			
17	Number of Kinerja Papua-supported citizen journalists actively reporting on local government performance	0	35	21	21		40	90 (225%)	In Q3 FY15, a total of 21 citizen journalists (14 female, 67%) trained/mentored by PPMN and Forum Lenteng reported on local government performance and/or provided health information in the four Kinerja Papua districts. Of the 21 active citizen journalists in this quarter, there was not a new citizen journalist – all journalists had written (and were counted) in previous quarters. Against the program target of 40 active citizen journalists, Kinerja Papua has met 225% of its target. To assess "active" citizen journalists across the program (as opposed to during a quarter), the M&E team records journalists that have been active during at least one quarter throughout the program. Journalists active in multiple quarters are not recorded twice against the program target. To date, a total of 90 citizen journalists are "active".
18	Number of media products produced by Kinerja Papua affiliated media-related entities on Kinerja Papua related issues	0	759	820	874		313	874 (279%)	In Q3 FY15, 54 additional media products were produced by PPMN and Forum Lenteng. Of the 54 media products, 2 were videos about HIV/AIDS and/or TB, 3 were Video Bulletins for TVRI, and 49 were citizen journalist articles. Overall, Kinerja Papua has met 279% of its program target. The total of 874 media products produced by Kinerja Papua affiliated media-related entities include talkshows aired by local radio stations, health features created by local TV media and print media outlets, and articles written by citizen journalists.
Replication Indicators									
19	Number of times Kinerja Papua-supported practices for health management systems are institutionalized by *puskesmas* not receiving direct implementation support	0	28	29	30		12	30 (250%)	As of Q3 FY15, a total of 30 Kinerja Papua-supported practices for health management systems were institutionalized by *puskesmas* not receiving direct implementation support. During this reporting period, one additional non-partner *puskesmas* in Kota Jayapura, Puskesmas Waena, formed and implemented a Kinerja Papua-supported public service SOP as a result of the training conducted in 2014 and 2015. Overall, Kinerja Papua has met 250% of its program target for Indicator 19.

NO.	INDICATOR NAME	BASE LINE	FY15 ACHIEVEMENT				PROGRAM TARGET	PROGRAM TO DATE	REMARKS FOR CURRENT REPORTING PERIOD
			Q1	Q2	Q3	Q4			
20	Number of non Kinerja Papua-supported health service units where institutionalization of Kinerja-supported practices for health management takes place	0	16	17	17		12	17 (142%)	As of Q3 FY15, a total of 17 non-partner *puskesmas* replicated Kinerja Papua's supported practices (as detailed in Indicator 19). During this reporting period, no additional non-partner *puskesmas* formed and implemented Kinerja Papua supported public services SOPs. Overall, Kinerja Papua has met 142% of its program target for Indicator 20.
21	Number of Kinerja Papua-supported good practices which are formalized for replication/wider use by Indonesian civil society organizations	0	4	4	6		4	6 (150%)	Two additional achievements were recorded in this reporting period for Indicator 21. Two videos/videographics documenting Kinerja good practices were developed by BaKTi, the IO in charge of this activity. The two topics covered in the videos/videographics are the following: 1. MSS Costing Integration 2. Integrated Services for Gender-Based Violence victims Overall, Kinerja Papua has met 150% of its program target for Indicator 21.
Program Goal									
22	Customer satisfaction index related to health service units delivery	-					50%	100% (200%)	The baseline score was reported in the PMEP v. 4, together with the performance target. Kinerja Papua assumes that at least 50% of the units assessed by the CSI (customer satisfaction index) will improve their score during the Kinerja Papua program implementation period. If a unit increases its score, it means that client perception of services has improved. The endline data revealed that all units increased their CSI scores (100% of units). The endline CSI data collection was completed in Q2 FY15 and data analysis was conducted in Q3 FY15. The final endline scores for each unit are reported here, though the full analysis is reported in the Kinerja Papua Assessment Report. The total score possible for the CSI is 100.
	Puskesmas Tanjung Ria	73.47					n/a	78.19	
	Puskesmas Abe Pantai	72.30					n/a	76.93	
	Puskesmas Koya Barat	69.98					n/a	74.96	
	Puskesmas Sentani Kota	71.02					n/a	77.73	
	Puskesmas Dosai	71.66					n/a	80.33	
	Puskesmas Depapre	71.44					n/a	81.29	
	Puskesmas Homhom	68.81					n/a	76.79	
	Puskesmas Musatfak	70.17					n/a	76.11	
	Puskesmas Hubikosi	68.63					n/a	72.22	
	Puskesmas Mapuru Jaya	71.93					n/a	76.84	

NO.	INDICATOR NAME	BASE LINE	FY15 ACHIEVEMENT				PROGRAM TARGET	PROGRAM TO DATE	REMARKS FOR CURRENT REPORTING PERIOD
			Q1	Q2	Q3	Q4			
	Puskesmas Limau Asri	68.85					n/a	74.75	
	Puskesmas Timika Kota	72.89					n/a	76.89	

Annex B-2: Absenteeism Factors, Priority Action, and Follow-Up

Factors Contributing to Absenteeism of Health Workers (prioritization)	Recommended policies	Priority Recommended policies (based on ranking of the Political, Management and financial feasibilities , and the impact)	Progress by September 2015
Jayapura			
Contributing factor: Level of job satisfaction of health personnel (individual characteristics) **Existing policies:** Internal mini workshop in *puskesmas* to discuss issues in *puskesmas* in transparent manner - **effectively implemented**	○ Issue DHO circular letter (*surat edaran*) regarding mandatory implementation of monthly and quarterly mini workshop in *puskesmas*, also technical guidance and implementation guidelines ○ Develop mini workshop schedule and mechanisms to review quality reporting of *puskesmas* mini workshops at DHO level ○ Associated with factors of (frequency supervision to develop a system for supervision and monitoring *puskesmas* as well as excellent service training ○ <u>Needed new regulation</u> related to redistribution of health workers in the *puskesmas*.	1. Issue DHO circular letter (*surat edaran*) regarding mandatory implementation of monthly and quarterly mini workshop in *puskesmas*, also technical guidance and implementation guidelines 2. Budget for and implement integrated supervision and monitoring of *puskesmas*. 3. <u>Needed new regulation</u> related to redistribution of health workers in the *puskesmas*. 4. Development of checklist and tools for integrated supervision and monitoring and train DHO staff (including training of Service Excellence)	Surat Edaran/SE Notification letter of Head of DHO has been produced for mandatory monthly mini-workshops. The idea of a new regulation for redistribution of health workers in *puskesmas* has been withdrawn by the head of the DHO due to concerns of limited political commitment from the district head and other key stakeholders at the district level. As an alternative, the DHO plans to map the availability and type of existing health workers at the *puskesmas* level. Checklist for integrated supervision was developed and already trialled in Jayapura District by DHO Supervision Team. Further revision of the checklist by DHO team will be assisted by Kinerja in the next quarter. For Fiscal Year 2015, DHO received APBD support for 4 times supervision visits (out of 39 visit planned for Jan – Dec 2015). Advocacy and lobbying with relevant stakeholders to ensure sufficient funding for 2016 supervision visits by DHO team to Puskesmas have been conducted in line with LG planning and budgeting cycle for 2016 funding.
Contributing factor: Distances from health worker house to *puskesmas* **Existing policy:** Shuttle for health workers in 3 *puskesmas* in Jayapura district - **effectively implemented**	○ Instruction from the head of Jayapura DHO to require health workers to stay in previously provided government housing near the *puskesmas*. ○ Monitor health workers' utilization of housing in the *puskesmas* area		

Factors Contributing to Absenteeism of Health Workers (prioritization)	Recommended policies	Priority Recommended policies (based on ranking of the Political, Management and financial feasibilities , and the impact)	Progress by September 2015
Contributing factor: Condition of the *puskesmas* **Existing policy:** Policies to build and repair (rehab) the home for health worker in location *puskesmas* – **effectively implemented**			
Contributing factor: Frequency supervision from DHO to the *puskesmas* **Existing policies:** Decree (SK) the head of Jayapura DHO to develop - **not effectively implemented**	o Budget provision for implementation in integrated supervision and monitoring of *puskesmas*. o Development of checklist and tools for integrated supervision and monitoring and trains DHO staff (including training of Service Excellence) o There are schedule to do integrated monitoring and evaluation		

Factors Contributing to Absenteeism of Health Workers (prioritization)	Recommended policies	Priority Recommended policies (based on ranking of the Political, Management and financial feasibilities , and the impact)	Progress by September 2015
Jayawijaya			
Contributing factor: Level of job satisfaction of health personnel (individual characteristics)	○ Encourage more participative and transparent puskesmas planning based on MSS in health	1. Establish tribal/local agreement (*kesepakatan adat*) to fine local community members for harassing health workers 2. Encourage more participative and transparent puskesmas planning based on MSS in health 3. Include an additional component for transport in the compensation provided to health workers based on zones and time traveled by foot 4. Establish mechanism fit and proper test for selecting and recruiting *puskesmas* heads	In Jayawijaya, as early as the first quarter of FY 2015, the LG enthusiastically launched a merit-based selection process – fit and proper tests – for recruiting new *puskesmas* heads, and the first tests were completed in Q2 of FY 2015. The names of 20 prospective *puskesmas* heads were then forwarded to the district head to determine who should be assigned and where. As of the end of this quarter, the list of names was still with the LG and no official announcement has been made as to assignments. (NB: On Sept. 30, 2015, the District Head finally inaugurated 20 new *puskesmas* heads, 18 of whom had undergone the fit and proper test selection mechanism: (one out of one highly recommended candidate; nine out of 16 recommended candidates; seven out of 17 less recommended candidates; one candidate did not pass because he did not attend the last psychological test). The two other new *puskesmas* heads did not participate in the fit and proper test mechanism. Another progress beyond
Contributing factor: Leadership of Head of Puskesmas	○ Establish mechanism fit and proper test for selecting and recruiting *puskesmas* heads		
Contributing factor: Travel time from home to Puskesmas	○ Additional component for transport in the incentives provided to health workers and based the additional transport incentives on zones and time travel by foot		

Factors Contributing to Absenteeism of Health Workers (prioritization)	Recommended policies	Priority Recommended policies (based on ranking of the Political, Management and financial feasibilities , and the impact)	Progress by September 2015
Contributing factor: Security of health workers	○ Establish tribal/local agreement (*kesepakatan adat*) to give fines for local community harassing health workers		June 2015 was that the fit and proper tests selection mechanism has been replicated by Jayawijaya district authorities to select school principals). Kinerja also assisted the Jayawijaya administration by forming a team to help draft a district head decree (*perbup*) to officially institutionalize fit and proper tests for the recruitment of health center heads. The draft *perbup* has been completed and submitted to the Regional Secretary. Kinerja Papua program staff aim to lobby the LG to issue the decree in a timely fashion. A follow-up also took place on one of Jayawijaya's other policies – that of establishing a tribal/local agreement (*kesepakatan adat*) to fine local community members in the event that they harass health workers. As previously reported, an agreement was drafted in March 2015 by a wide cross-section of local stakeholders, who stipulated that fines and, in extreme cases, prison terms would be imposed on anyone found guilty of harassing health workers or threatening their safety. In Q3 FY 2015, the sanctions and recommendations recorded in the agreement were adopted by the district-level MSF and included in policy recommendations submitted to the DHO, Bappeda and DPRD.

Factors Contributing to Absenteeism of Health Workers (prioritization)	Recommended policies	Priority Recommended policies (based on ranking of the Political, Management and financial feasibilities , and the impact)	Progress by September 2015
Mimika			
Contributing factor: Level of job satisfaction of health personnel (individual characteristics) **Contributing factor:** Puskesmas condition **Contributing factor:** Presence/absence of Head of Puskesmas	○ Local Agreement ('peraturan adat') to protect health workers (from harassment) ○ Bupati Regulation/decree on rewards for performing employee and reduced the incentives of for low performing health workers ○ Provision of housing and strategic logistics for health workers ○ Increase the capacity of DHO *puskesmas*heads in conducting supervision and technical assistance based on existing regulations/guidelines ○ Bupati Regulation (Perbup) to improve the *puskesmas* condition in a definite range of time ○ More coordinated planning for drug procurement and disbursement between Puskesmas and DHO ○ Head of DHO decree to all Head of Puskesmas to develop scope of works, and division of tasks for all program managers and service providers in Puskesmas	1. Increase the capacity of the DHO and *puskesmas* heads in conducting supervision and technical assistance based on existing regulations/guidelines 2. Develop a district head regulation/decree on rewards for outstanding employee performance and reduced compensation for low performing health workers 3. Provide housing and strategic logistics for health workers 4. Enhance planning and coordination for drug procurement and disbursement between puskesmas and DHO	Advocacy processes are still being implemented at Mimika to follow up the policy recommendations agreed by local stakeholders in Kab Mimika. The changes of Head of DHO in Q3 FY 2015 really impacted on the commitment to follow up these recommendations made by the previous DHO head. Kinerja provided TA to DHO team to build their knowledge and skills on supervision and monitoring. This included development of checklist and mechanisms for supervision, and trialled the checklist in supervisory visits to *puskesmas* conducted by the DHO Technical Assistance/Supervision team

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Kota Jayapura			
Contributing factor: Level of job satisfaction of health personnel (individual characteristics)	○ *Puskesmas* recruits health administration, finance and also surveillance (to reduce the administration tasks of health workers) ○ Transparency of primary health care management with internal controls and display all of the health center budget ○ Timely entitlements for *puskesmas* worker based on their performance ○ Improving the implementation of reward/punishment and award to exemplary employee	5. Strengthen transparency of primary health care management with internal controls and display *puskesmas* budget 6. Provide timely compensation for *puskesmas* workers based on their performance 7. Improve the implementation punishments and awards to exemplary employee 8. Conduct integrated supervision – with regular schedule and follow-up after supervision	Advocacy processes for the follow up of these policy recommendations in Jayapura City are still ongoing Another Follow up policy workshops was conducted on May 6, 2015. The workshop participants, who comprised officials from the DHO and Bappeda together with staff from all of the district's 12 *puskesmas* and members of the district- and *puskesmas*-level MSFs, agreed upon two recommended policies for immediate follow-up and implementation: (1) to assess the effectiveness of the DHO's integrated supervisory and technical guidance team in reducing the levels of absenteeism inside *puskesmas* across the district, and (2) to establish a reward/punishment mechanism for outstanding/underperforming health workers will focus on health-care personnel at *puskesmas* The LG ultimately intends to introduce the mechanism for health workers at all public health facilities including hospitals, but the scheme's initial rollout will focus on health-care personnel at *puskesmas*.
Contributing factor: Supervision factor from Jayapura city DHO to the *puskesmas*	○ Integrated supervision, with regular schedule and there will be follow up after the supervision		
Contributing factor: Distance from health worker house to the *puskesmas*	○ Providing shuttle bus for *puskesmas* worker and provision of operational budget for the shuttle bus in LG budget		